



RECORDS RETENTION AND DISPOSAL AUTHORITY

This is a recommendation to: ☐ Authorize a one-time disposal of the records described below
☒ Establish an ongoing Records Retention and Disposal Schedule
☐ Amend an existing Records Schedule with Schedule No. _____

Record Series, Subject Section, Records Classification System, or Application Title:

Alcohol and Drug Program client files

Ministry: **Health**

Division: **Alcohol and Drug Program**

Branch:

Description and Purpose:

☐ Administrative ☒ Operational ☐ Both

These records are created and received by the Alcohol and Drug Program and document counselling and treatment provided to clients.

They consist of medical reports, treatment recommendations, sessional notes, social histories, assessment forms, closing summaries, copies of summary letters, consent for release of information forms, lab reports, medication records, minutes, personal effects sheets, etc.

For more information, see attached schedule.

Dates: **1977 ongoing**

Physical Format of Records: **see attached ongoing records schedule**

Extent: **2.5 m³/year** Cubic Metres

No. of
Pieces **n/a**

Have documents been microfilmed?

☐ Yes ☒ No

Is the information in this record series recorded in any other form besides microfilm?

☐ Yes (See Records Management Appraisal) ☒ No

Recommended Retention:

- ☐ Dispose immediately ☐ Dispose on _____ day of _____, _____
☐ Dispose in accord with attached disposal instructions.
☒ Scheduled in accord with attached Records Retention and Disposal Schedule.

Recommended Disposition:

- ☐ Destruction ☐ Full Retention by Archives ☐ Selective Retention by Archives
☒ Scheduled in accord with attached Records Retention and Disposal Schedule.

THE UNDERSIGNED ENDORSE THE RECOMMENDATIONS:

Mr. J. J. Smith
Director, Executive responsible for records

Date **DC B/91**

Strawberry
Deputy Minister/Corporate Executive

Date **19/12/91**

Elm
Minister

Date **9/12/19**

THE PUBLIC DOCUMENTS COMMITTEE CONCURS:

Phil Borey
Chairman PDC/Provincial Archivist

Date **JAN 29 1992**

THE EXECUTIVE COUNCIL APPROVES THE RECOMMENDATION OF THE PUBLIC DOCUMENTS COMMITTEE:

O.I.C. Number _____

Date _____

THE SELECT STANDING COMMITTEE ON PUBLIC ACCOUNTS APPROVES THE RECOMMENDATION OF THE PUBLIC DOCUMENTS COMMITTEE.

APPROVED BY RESOLUTION OF THE LEGISLATIVE ASSEMBLY

ON **JUN 29 1992**

Date _____

OTHER STATUTORY APPROVALS:

Signature _____

Date _____

Signature _____

Date _____

Title _____

Title _____

This appraisal documents the recommendation for active and semi-active retention periods.

Ministry contact, title, and telephone: ~~Judy Styles, A/Manager, Program Analysis and Planning,~~
KEE PEACOCK 387 5870 OFFICE MGR 387-4785.

These records are created and received under the authority of the Heroin Treatment Act (RSBC 1979, c. 166), and subsequent legislation governing the operational responsibilities and functions of the creating agency.

The retention and final disposition guidelines specified in the attached ongoing records schedule meet the creating agency's information requirements, ensure fiscal and audit control, protect government's legal rights and liabilities, and provide for effective management of the agency's operational functions. Upon expiry of the active and semi-active retention periods, the records covered by this recommendation will no longer be of any primary value to government.

The information contained in the admission and discharge data of the Regional Management System Admission/Discharge form and the sessional record form is duplicated in the database of the Regional Management Information System (RMIS).

The retention guidelines have been established in consultation with Judy Styles, A/Manager, Program Analysis and Planning, and Tom Anderson, A/Research and Data Coordinator.

M. Rouzon
Records Analyst

1991 November 20
Date

ARCHIVAL APPRAISAL:

This appraisal documents the recommendation for final disposition.

The British Columbia Archives and Records Service (BCARS) will selectively retain Alcohol and Drug Program client files because of their residual evidential and historical values. They document the development of a government program. Records selectively retained would be useful not only for the study of government involvement in handling alcohol and drug problems, but also for research on other aspects of social or medical history.

BCARS will retain a sample according to the following method:

BCARS will retain two boxes of Alcohol and Drug Program adult client files and one box of Alcohol and Drug Program minor client files from each year, based on the date that the last file in the box was closed. As far as is practicable, these boxes will come from offices or clinics which will be chosen on a rotational basis, in such a manner that over time the sample will represent all areas of the province.

All other records may be destroyed as soon as the selection process is completed.

(continued on next page)

Alan M.
Archivist

1991/11/20
Date

Walter J. May Jr. Esq.
Manager, Appraisal & Acquisition Section

1991/11/21
Date

The undersigned endorse the appraisals and recommendations:

Deputy Provincial Archivist

Date

Ministry Records Officer

Date

ONGOING RECORDS SCHEDULE

This ongoing records schedule is approved in accordance with the Document Disposal Act (RSBC 1979, c. 95). It constitutes authority for retention and disposition of the records described herein. For assistance in implementing this ongoing records schedule or in transferring records to the off-site records storage facilities provided by BCARS, contact your Records Officer.

A SA FD

ARCHIVAL APPRAISAL (Continued)

Although not strictly a statistically representative sample, the records retained will provide concrete examples of the manner in which the Alcohol and Drug Program dealt with specific cases. The variations in arrangement and the number of offices creating these records renders the cost of selecting and processing a truly random sample prohibitive and options such as retaining "F-files" impossible.

On account of the nature of these records, appropriate measures must be taken to ensure confidentiality.

This appraisal is based upon an examination of 8 boxes from accessions 88-276, 89-378, 89-519, 89-929, 89-930 and 89-1076.

A = Active	CY = Calendar Year	DE = Destroy
SA = Semi-active	FY = Fiscal Year	SR = Selective Retention by BCARS
FD = Final Disposition	NA = Not Applicable	FR = Full Retention by BCARS
OPR = Office of Primary Responsibility	w = week m = month y = year	
BCARS = B.C. Archives and Records Service	SO = Superseded or Obsolete	

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ALCOHOL AND DRUG PROGRAM CLIENT FILES

The purpose of these records is to document the counselling and treatment provided to clients by the Alcohol and Drug Program.

A client file will contain some of the following documentation:

admission forms documenting temperature, pulse, blood pressure, emotional state, legal involvement, and name of current physician;

assessment forms;

closing summaries and copies of summary letters;

consent for release of information forms;

copies of prescriptions;

correspondence from clients, family members, physicians, other treatment and counselling agencies, courts, law enforcement agencies, and employers;

diversion orders diverting individuals from the criminal justice system to the alcohol and drug treatment system;

drug and alcohol assessment scales used to determine chemical dependency and substance abuse patterns;

family charts or client journals used to explore family dynamics as they relate to the client;

group agreements or contracts setting forth voluntary expectations of clients and their willingness to accept conditions of treatment;

lab reports;

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ALCOHOL AND DRUG PROGRAM CLIENT FILES (Continued)

medical discharge summaries (for distribution to the family physician) documenting the treatment provided;

medical history sheets and reports;

medication records;

minutes;

personal effect sheets;

physical examination records;

prescription forms;

probation orders requiring individuals to become involved in a treatment program;

progress notes and summaries prepared by counsellors;

request for treatment forms;

sessional notes documenting contacts with individual clients or therapy groups;

client social histories;

subpoenas requiring information from the Alcohol and Drug Program for presentation during a court case;

supervisors' notes;

treatment concern indices;

Treatment Information System Intake/Separation Forms (HLTH 2101);

Treatment Information System Client Status Forms (HLTH 2102);

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ALCOHOL AND DRUG PROGRAM CLIENT FILES (Continued)

Treatment Information System Sessional Record (HLTH 2103) or Regional Management Information System Activity Report; and

treatment planning forms and working papers.

Client files are arranged alphabetically by client name, or numerically by register number or Patient Identification Number (PIC).

Adult client files

SO+1y 9y SR

SO = when a client is discharged

10y= This retention period is based on the provisions of the Hospital Act (RSBC 1979, c. 176), and the Hospital Act Regulations (BC Reg. 289/73), which deal with similar case files

SR = BCARS will selectively retain Alcohol and Drug Program adult client files because of their residual evidential and historical values. BCARS will retain two boxes from each year, based on the date that the last file in the box was closed. As far as is practicable, these boxes will come from offices or clinics which will be chosen on a rotational basis, in such a manner that over time the sample will represent all areas of the province. All other records may be destroyed as soon as the selection process is completed.

Minor client files

SO+1y 25y SR

SO = when a client is discharged

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ALCOHOL AND DRUG PROGRAM CLIENT FILES (Continued)

26y= Case files of minor clients must be retained for at least 10 years after a client is discharged and for at least 6 years after he or she reaches the age of majority (19 years). A 25-year retention period ensures that all files meet both requirements. The additional year is allowed for the serving of notice on all parties.

SR = BCARS will selectively retain Alcohol and Drug Program minor client files because of their residual evidential and historical values. BCARS will retain one box from each year, based on the date that the last file in the box was closed. As far as is practicable, these boxes will come from offices or clinics which will be chosen on a rotational basis, in such a manner that over time the sample will represent all areas of the province. All other records may be destroyed as soon as the selection process is completed.

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