

# HIPAA Certificate of Record Destruction

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*(Pursuant to 45 CFR §§164.530(c) and 164.310(d)(2)(i))*

This certifies that the documents and/or electronic media containing Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) were destroyed in a manner that renders all PHI unreadable, indecipherable, and otherwise cannot be reconstructed.

*Document Destruction Certificate Date:*

*Destruction Details:*

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**Name of Covered Entity / Business Associate:**

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**Address:**

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**Date of Destruction:**

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**Description of Records Destroyed (e.g., patient files, billing records, medical reports, x-rays):**

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**Destruction Method (e.g., shredding, pulverizing, incineration, secure wiping):**

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**Location of Destruction (on-site, off-site):**

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**Name of Destruction Service Provider (if applicable):**

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**Authorized By (Name & Title):**

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**Signature:**

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**Witness (optional):**

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## *Statement of Compliance*

The destruction process complies with HIPAA regulations 45 CFR §164.310(d)(2)(i) requiring covered entities and business associates to implement policies and procedures to address the final disposition of electronic PHI and/or the hardware/electronic media on which it is stored.