



## Legislation Details (With Text)

**File #:** 21-2753      **Version:** 1      **Name:**

**Type:** Request for authorization      **Status:** Agenda Ready

**File created:** 6/1/2021      **In control:** Commissioners Court

**On agenda:** 6/8/2021      **Final action:**

**Title:** Request for authorization to destroy certain records of Riverside Hospital that have met the retention period specified in the Harris County Records Control Schedule adopted December 17, 2019.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 21-2753 Destroy Records-Riverside.pdf

Date	Ver.	Action By	Action	Result
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**To:** Harris County Commissioners Court

**Through:** MG Richard J. Noriega (Ret), Interim Executive Directors & CIO

**Prepared By:** Jeremy Brown, Manager Legislative & Records Management, Universal Services

**Subject:** Authorization to Destroy Records for the Riverside Hospital

**Project ID (If applicable):**

**Purpose and Request:**

Request for authorization to destroy certain records of Riverside Hospital that have met the retention period specified in the Harris County Records Control Schedule adopted December 17, 2019.

**Background and Discussion:**

The Harris County Records and Information Plan adopted December 17, 2019 specifies the formal destruction process which includes review by the Department Head and the Records Management Officer, the Records Management Committee (representatives for the County Attorney, District Attorney, and County Auditor) finalized by affirmative authorization of Commissioners Court.

**Fiscal Impact:**

*There is no cost to the county for this action*

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
<b>Service Impacted:</b> <i>[Please specify division where expenditures are incurred]</i>	N/A	N/A	N/A
Existing Budget	N/A	N/A	N/A
Additional Appropriation Requested	N/A	N/A	N/A
<b>Total Expenditures</b>	N/A	N/A	N/A

<b>Funding Sources</b>	N/A	N/A	N/A
Existing Department Budget	N/A	N/A	N/A
Please Identify Funding Sources: Special Revenue, Grant, etc.	N/A	N/A	N/A
[INSERT FUNDING SOURCE]	N/A	N/A	N/A
<b>Total Sources</b>	N/A	N/A	N/A

**Alternatives:** None

**Alignment with Strategic Objective:**

Improve Governance - Supporting our customers in maintaining compliance with applicable laws through the proper management and destruction of county records.

**Attachments:**

Attached signoff by the Department Head, Records Management Officer, Records Management Committee and a list of records to be destroyed.

**To:** Harris County Commissioners Court

**Through:** Director Name, Title, Department  
**Prepared By:** Name, Title, Department

**Subject:** Title of the Item  
**Project ID (If applicable):**

**Purpose and Request:**

*Request for authorization to destroy certain records from Riverside Hospital in accordance with the records and information management plan.*

**Background and Discussion:**

*[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]*

**Fiscal Impact:**

*[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]*

<b>Fiscal Summary</b>			
<b>Expenditures</b>	<b>FY 20-21</b>	<b>FY 21-22 Projected</b>	<b>Future Years Projected [3 additional years]</b>
<b>Service Impacted:</b> [Please division where expenditure			
Existing Budget			

Additional Appropriation F			
<b>Total Expenditures</b>			
<b>Funding Sources</b>			
Existing Department Budge			
Please Identify Funding S Special Revenue, Grant, I			
[INSERT FUNDING SOU			
<b>Total Sources</b>			

**Alternatives:**

*[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]*

**Alignment with Strategic Objective:**

*[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]*

**Attachments:**

*[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]*