Agency Function and Records Summary

Cabinet for Health and Family Services
Department for Public Health

The Department for Public Health, within the Cabinet for Health and Family Services, is the sole organizational unit of Kentucky's state government responsible for developing and operating all public health programs and activities for the citizens of Kentucky. These activities include health service programs for the prevention, detection, care, and treatment of physical disability, illness and disease.

The department contains seven divisions: Administrative and Financial Management; Epidemiology and Health Planning; Laboratory Services; Maternal and Child Health; Prevention and Quality Improvement; Public Health Protection and Safety; and Women's Health. There are twenty-five branches and numerous programs under the department.

The department is authorized under KRS 194A.030. It is headed by a commissioner for public health who is appointed by the Cabinet Secretary with the approval of the Governor. The Commissioner for Public Health is a duly licensed physician who, by experience and training in administration and management, is qualified to perform the duties of this office. The commissioner advises the head of each major organizational unit The commissioner serves as chief medical officer of the Commonwealth.

Division of Epidemiology and Health Planning

Addition to the Schedule

- Series 07128, COVID-19 Lab Reports and Investigation File

Proposed retention: Retain until three (3) years after case closure, then destroy.
Rationale: This series has primary administrative value because it documents positive and negative laboratory results, and related reports for COVID-19 cases across the Commonwealth of Kentucky.

STATE AGENCY RECORDS RETENTION SCHEDULE

Cabinet for Health and Family Services
Department for Public Health
Epidemiology and Health Planning, Division of

Record Group Number
1442E

Series	Records Title and Description	Function and Use
07128	**COVID-19 Lab Reports and Investigation File**	This series represents COVID-19 records received by the Division of Epidemiology & Health Planning (DEHP), within the Department for Public Health (DPH) of the Cabinet for Health & Family Services (CHFS). COVID-19 became a reportable condition in 2020, at the start of the COVID-19 pandemic. Required, reportable records to DEPH include positive and negative laboratory results for COVID-19, which includes supporting laboratory reports, case reports, investigation documents and forms, immunization records, and other records relevant to the larger Public Health investigation of cases of COVID-19 throughout the Commonwealth of Kentucky. These records were received from laboratories, health care facilities, local health departments and out-of-state facilities. Once the clinical decision is made to officially conclude tracking, investigating, or managing a patient's active health file because they have recovered, completed treatment, moved, or are no longer considered a public health risk, the case is closed. In 2025, reporting requirements for COVID-19 were changed, leading to a drastic reduction in the number of records received. This record does not include COVID-19 Pediatric Mortality; pregnant/post-partem mortality associated documents; Multisystem Inflammatory Syndrome in Children (MIS-C) and new/emerging COVID-19 associated conditions (investigations, case and lab reports).
	Access Restrictions	45 C.F.R. parts 160 & 164: Health Insurance Portability and Accountability Act. KRS 61.878(1)(a): Personal Information. Agencies should consult legal counsel regarding open records matters.
	Series May Contain	Patient information; Name, Date of Birth, Address; positive and negative laboratory results for COVID-19 laboratory reports, case reports, investigation records, COVID-19 forms, immunization records, related correspondence.
	Retention and Disposition	Retain until three (3) years after case closure, then destroy.

STATE LIBRARIES, ARCHIVES, AND RECORDS COMMISSION

Archives and Records Management Division

Department for Libraries & Archives

Records Description and Analysis

(Equivalent to ARM 320 Rev.02/2019)

1. RECORD GROUP NO. 1442E **2. SERIES NO.** 07128

3. ORIGINATING AGENCY Cabinet for Health and Family Services

4. ADMINISTRATIVE UNIT Department for Public Health

5. PHYSICAL CUSTODIAN Epidemiology and Health Planning, Division of

COMPILER Taylor Metzing 502.564.1703 **DATE** 07-29-2026

IDENTIFICATION AND DESCRIPTION

6. TITLE OF RECORD COVID-19 Lab Reports and Investigation File

7. VARIANT TITLE N/A

8. ORIGINAL/DUPLICATE Original/Duplicate

9. LOCATION(S) OF ALTERNATIVE COPIES (Original or Duplicate)

None

10. INFORMATION SUMMARIZED IN:

N/A

11. MEDIUM

None

12. ARRANGEMENT SORT/SEQUENCE (Alpha, Numeric, Chronological, Random, etc.): Explain in detail.

Records are organized by patient within the electronic system

13. INDEX / FINDING AIDS

N/A

	In Agency	State Records Center	State Archivists
14. DATE SPAN:	2020 to Current	N/A to N/A	N/A to N/A
15. VOLUME:	3.5 TB	O	O

16. ANNUAL ACCUMULATION (Cu. Ft.) 450,000 records per year

17. REFERENCE RATE (Number of times you use each year's accumulation)

1st Year Daily 2nd Year Weekly 3-5 Years 0 More than 5 Years 0

18. FUNCTION AND USE (For what purpose is/was record created? What activity, process or transaction does it document?)

This series represents COVID-19 records received by the Division of Epidemiology & Health Planning (DEHP), within the Department for Public Health (DPH) of the Cabinet for Health & Family Services (CHFS). COVID-19 became a reportable condition in 2020, at the start of the COVID-19 pandemic. Required, reportable records to DEPH include positive and negative laboratory results for COVID-19, which includes supporting laboratory reports, case reports, investigation documents and forms, immunization records, and other records relevant to the larger Public Health investigation of cases of COVID-19 throughout the Commonwealth of Kentucky. These records were received from laboratories, health care facilities, local health departments and out-of-state facilities. Once the clinical decision is made to officially conclude tracking, investigating, or managing a patient's active health file because they have recovered, completed treatment, moved, or are no longer considered a public health risk, the case is closed. In 2025, reporting requirements for COVID-19 were changed, leading to a drastic reduction in the number of records received. This record does not include COVID-19 Pediatric Mortality; pregnant/post-partem mortality associated documents; Multisystem Inflammatory Syndrome in Children (MIS-C) and new/emerging COVID-19 associated conditions (investigations, case and lab reports).

19. CONTENTS (Documents in this file? Information on this form? Data elements in this computer file, etc.)

Patient information; Name, Date of Birth, Address; positive and negative laboratory results for COVID-19 laboratory reports, case reports, investigation records, COVID-19 forms, immunization records, related correspondence.

20. INPUT RECORDS (What records flow into or provide information to create this record?)

N/A

21. OUTPUT RECORDS (What records flow out of the information in this records series?)

N/A

22. VITAL RECORD? N **23. If Yes, VITAL RETENTION PERIOD**

24. VITAL RECORDS PROTECTION INSTRUCTIONS

25. ACCESS RESTRICTIONS? Y

If Yes, explain restrictions and attach copy of authority (KRS, KAR, CFR, etc.)

Confidential: 45 C.F.R. parts 160 & 164: Health Insurance Portability and Accountability Act. KRS 61.878(1)(a): Personal Information. Agencies should consult legal counsel regarding open records matters.

26. IS RECORD SUBJECT TO AUDIT? N

If Yes, list AUDITING AGENCY (Federal, State, Internal)

27. AUDIT RETENTION REQUIREMENT

28. LEGAL RETENTION REQUIREMENT? N

If Yes, cite statute and length of retention period required

ANALYSIS

29. APPRAISAL CRITERIA

Y	Administrative Retention Value	3	Years	After completion of investigations and closure.
N	Legal Retention Value			
N	Fiscal Retention Value			
Y	Research Retention Value		Indefinite	Larger summary reporting is kept permanently
N	Intrinsic Retention Value			
N	Historic Retention Value			

30. RATIONALE FOR RETENTION

This series has primary administrative value because it documents positive and negative laboratory results, and related reports for COVID-19 cases across the Commonwealth of Kentucky.

32. DISPOSITION INSTRUCTIONS

Retain until three (3) years after case closure, then destroy.

Records Analyst Signature **Date**

Taylor Metzing