

ACAHM Accreditation Commission for Acupuncture and Herbal Medicine

Policy Title: Document Management Policy

Approved By: ACAHM Executive Director

Document History: Policy Implementation Date: 28 October 2016
Last Updated: 28 September 2023

Related Commission Document:

References: [34 CFR §602.15\(b\)](#); [20 U.S.C. 1099\(b\)](#)

Responsible Official: ACAHM Director of Regulatory Affairs

Policy Summary: This guidance outlines ACAHM’s policy and procedures for managing documents.

Table of Contents

A. Purpose	1
B. Persons Affected	1
C. Policy Statement	1
D. Roles and Responsibilities	2
E. Definitions/Acronyms	2
F. Recordkeeping Requirements	3
G. Document Retention and Preservation Directive (“Legal Hold”)	3

A. Purpose

This policy and its supporting processes establish the controls required for managing ACAHM’s *Authoritative Documents* to ensure they are accurate, current, appropriately available, and approved by authorized individuals.

B. Persons Affected

Persons who develop, review, approve, and maintain authoritative documents must follow this policy. Users of authoritative documents should at least be familiar with this policy.

C. Policy Statement

ACAHM’s Authoritative Documents – whether electronic or paper –specify policies, prescribe uniform processes, or establish or document design specifications. The following controls are to be used in the management of these documents to ensure that they are accurate, current, appropriately available, and approved by authorized

individuals in a manner reflecting the risks associated with improper management of the information.

1. Documents must be *uniquely identified* by at least a title, implementation date, revision date, responsible official, and revision history (where applicable).
2. Documents are subject to *change control*, which includes timely (at least every 18 months) and appropriate review and approval to certify new documents, ensure accuracy, and update the documents as necessary.
3. Documents are subject to *version control*, which encompasses distribution and availability of the most up-to-date approved version of a document to users, and appropriate disposition of obsolete and superseded documents to avoid their inadvertent use.
4. Documents are subject to *periodic review* to enable updating for currency, accuracy, and alignment with requirements and best practices.
5. Persons responsible for making changes to authoritative documents have responsibility for ensuring that persons affected by such changes are notified and provided with the updated information in a timely fashion.

D. Roles and Responsibilities

Role	Responsibility
Responsible Official	Ensures compliance with this policy within his or her scope of responsibility by: A. identifying those documents that fall under his or her authority, B. providing subject matter expertise, C. adopting and enforcing document-management processes that support the controls cited within this policy.
Approving Official(s)	Exercises final and ultimate authority for approving <i>Authoritative Documents</i> and revisions thereto.

E. Definitions/Acronyms

<u>Term</u>	<u>Definition</u>
Authoritative Document	A document that is controlled to ensure that it is accurate, current, appropriately distributed, and approved by authorized individuals because it contains information that, if improperly managed, could reasonably be expected to substantially diminish the ability of the institution to meet mission requirements or to protect safety, health, environment, or property.
Document	Written, visual, audio, or video information stored in the form of hard copy, film, magnetic tape, electronic data, or online, Web-based format.
Document Management	A business-management process that ensures organizational access to current, reliable, and concise information. The document management process includes document control, change control, configuration control, periodic review, and communication/distribution.

Procedure	A series of specific steps to be followed to accomplish work or to carry out a policy or requirement. Procedures are controls meant to mitigate risk, improve efficiency, or assure compliance.
Record	All books, manuals, papers, work products, email and letter correspondence, maps, photographs, machine-readable materials, or other documentary materials made or received — regardless of physical form or characteristics — that are preserved or appropriate for preservation that serve as evidence of the organization’s functions, policies, decisions, procedures, operations, or other activities.
References	Statements or directives from the federal, state, local government, or best business practices that set a course of action, define acceptable conduct, or implement governing principles.
Revision	The act of altering or modifying a document.
Version	An altered or modified document, which is the result of revising.

F. Recordkeeping Requirements

Subject to a *Document Retention and Preservation Directive* as more fully discussed below, ACAHM’s Executive Director is ultimately responsible for managing ACAHM’s documents and records according to its *Document and Records Retention Schedule* referred to and incorporated herein.

G. Document Retention and Preservation Directive (“Legal Hold”)

In instances where ACAHM has commenced, or is subject to, a lawsuit or legal/regulatory investigation, it is absolutely **imperative** that ACAHM, its staff and its representatives take immediate steps to preserve and retain all documents and records that relate in any way to the subject matter of the lawsuit or investigation. Failure to preserve and provide potentially relevant documents and records could result in **extremely serious adverse legal, regulatory, and or financial consequences** for both ACAHM and responsible individuals.

In such instances, ACAHM’s Executive Director will consult with qualified legal counsel and, when appropriate, legal counsel will issue a *Document Retention and Preservation Directive* (“*Directive*”) that typically contains the following:

1. IDENTIFICATION OF DOCUMENTS

A. Subject Matter of the Investigation/Description of Relevant Categories of Documents

[Insert a brief description of the scope of the investigation, including relevant date ranges, and a broad listing of all categories of documents that could be relevant to the investigation.]

B. “Documents” Defined

The term “Documents” includes, but is not limited to, agreements, correspondence, memoranda, notes (handwritten, typed, or otherwise), ledgers, work papers, informal files, desk files, handwritten notes, Post-its™, faxes, calendar entries (electronic or desk diary), address book entries (electronic or hard copy), and any copies, non-identical copies, drafts, alterations, modifications or changes to any of the foregoing.

“Documents” also encompass audio and video tapes; data stored on computer hard drives (including your office computer, personal home computer, or laptop), diskettes, CD-ROMs, DVDs, flash drives, as well as any and all other computer storage mechanisms; information in electronic format, including but not limited to, voicemails, e-mails, and any attachments to e-mails, instant messages (“IMs”), and other electronically stored materials. “Documents” also include files on cell phones, personal digital assistants (“PDAs”), and smartphones (such as, but not limited to, Android phones and iPhones).

If you are not sure whether a document is potentially relevant to the investigation, and thus is subject to this preservation directive, err on the side of caution and preserve it. Also, if you are one of many recipients of an e-mail or other document that appears potentially relevant, please do not assume that one of the other recipients will preserve it – you should preserve it also. If you have any questions as to whether a category of documents is potentially relevant and should be preserved, please contact ACAHM’s Executive Director.

2. LOCATING DOCUMENTS

Upon receipt of this Notice, you are required to locate and retain all hard copy and electronic documents, and information in your possession, custody, and control that could be deemed relevant to this investigation. You should look for such documents in any location where you reasonably believe they may be located (such as your office, your home computer(s), off-site archives, etc.),

If you are aware of other employees or ACAHM representatives (i.e., site visitors, Commissioners, etc.) who also may have documents relevant to this matter, please contact ACAHM’s Executive Director immediately so that he or she may ensure that this individual or these individuals receive a copy of this Directive. In addition, if you are aware of the existence of relevant documents to which you do not have authorized access, please inform ACAHM’s Executive Director.

3. PRESERVATION OF DOCUMENTS

Once you have identified and/or located the relevant documents within your possession, custody, and control, it is your responsibility to secure them at once, i.e., do not destroy, discard, delete, modify, or remove any documents that are relevant to the subject matter of investigation, even if you would do so in the ordinary course of business.

It is not necessary that you physically segregate relevant files from your other working files, but you must clearly identify files that contain relevant documents and ensure that anyone other than yourself who works with those files also is aware that the files cannot be altered or destroyed in any way.

Upon receipt of a Preservation Directive, it is incumbent upon you to avoid destroying or deleting any electronic documents, voicemails, e-mails, or IMs. ACAHM’s Director of Operations and Information Technology will contact you in the very near future to explain how best to do this. In the meantime, please do not delete any emails stored in your Outlook mailbox or in a .pst folder and deactivate any inbox filters or rules that delete emails automatically. ACAHM’s Director of Operations and Information Technology is available to answer any questions about the technical aspects of preserving potentially relevant electronic documents or preventing their destruction.

4. FUTURE OBLIGATIONS

The rules set forth in this Document Retention and Preservation Directive are effective unless and until you are informed otherwise in writing by ACAHM’s Executive Director. Until further notice, you should consider all document retention and/or destruction policies suspended regarding these documents.

Going forward, you must preserve all newly created hard copy or electronic documents that are relevant to the subject matter of the investigation and preserve them as described above.

If you inherit documents from a departing ACAHM employee, please review those documents for potential relevance and preserve them as instructed above.

5. CONFIDENTIALITY

All aspects of ACAHM’s conduct regarding this attorney-directed investigation, including this Directive and the identification and preservation of any relevant material related to the investigation pursuant to this Directive, are communications and activities protected from disclosure by the attorney-client privilege and the attorney work product doctrine. Please do not discuss any aspect of this investigation, including the documents and material that you locate and preserve, with anyone, **including others within ACAHM**, without having first spoken to ACAHM’s Executive Director.

ACAHM greatly appreciates your assistance in this matter.

Revision History

Date Revised	Summary of Revisions	Approved By
190817	Revised Paragraph C (Policy Statement), sentence 2 regarding “ <i>change control</i> ” to added “timely (at least every 18 months) and”; Periodic Review Performed. “Periodic Review” was defined to mean – generally every 18 months or sooner as necessary. No other revisions were made.	ACAOM Executive Director
220204	Adjusted terminology throughout for ACAHM name change and removal of “Oriental” term; no material revisions made	ACAHM Executive Director
230928	Added “attorney-directed” under 5. Confidentiality	ACAHM Executive Director