



Medical Documentation Storage Checklist

What goes in the personnel file, the confidential medical file, the supervisor file, and the investigation file — and what never mixes.

WHAT THIS HELPS YOU DO

Use this checklist to route every medical, leave, and accommodation document to the correct file — because storing medical information in the general personnel file is a violation waiting to be discovered.

WHEN TO USE THIS DOCUMENT

- When any medical note, certification, or restriction arrives
- When setting up or auditing personnel files
- Before responding to a records request or file review
- When supervisors keep 'their own files' on employees
- During onboarding setup and after any leave or injury event

WHAT THIS DOCUMENT HELPS PREVENT

- ADA/FMLA confidentiality violations from mixed files
- Medical details visible to supervisors making promotion and discipline calls
- GINA exposure from family medical history sitting in personnel files
- Records requests that expose the whole mess at once
- Retention failures that delete records still legally required

Faulkner HR Solutions focuses on the system behind the people problem. This tool is designed to help employers slow down the decision, identify the risk, and create proof before the issue becomes a claim, complaint, turnover event, or credibility problem.

BEFORE YOU START: READINESS CHECKLIST

Gather the following before working through this document. Incomplete inputs are one of the most common reasons employer decisions fail under later scrutiny.

Have it	Input	Notes / location
<input type="checkbox"/>	Employee name and role	
<input type="checkbox"/>	Date of incident, request, or separation	



Have it	Input	Notes / location
<input type="checkbox"/>	Supervisor involved	
<input type="checkbox"/>	Policy or handbook section that applies	
<input type="checkbox"/>	Prior documentation on file	
<input type="checkbox"/>	Pay records, if applicable	
<input type="checkbox"/>	Relevant emails, texts, notes, or complaints	
<input type="checkbox"/>	Decision-maker name	
<input type="checkbox"/>	Deadline, if applicable	



FILE ROUTING SYSTEM

The rule is simple: medical information lives in a separate, confidential medical file with restricted access. Everything below implements that rule.

File 1 — General Personnel File (supervisors may see)

Routed	Belongs here	Notes
<input type="checkbox"/>	Application, resume, offer letter, job description	
<input type="checkbox"/>	Handbook and policy acknowledgments	
<input type="checkbox"/>	Performance reviews, discipline, recognition	
<input type="checkbox"/>	Compensation and status change records	
<input type="checkbox"/>	Training records (non-medical)	
<input type="checkbox"/>	Leave REQUEST dates and return dates — without medical detail	

File 2 — Confidential Medical File (restricted access)

Routed	Belongs here — never in File 1	Notes
<input type="checkbox"/>	FMLA certifications and medical documentation	
<input type="checkbox"/>	ADA/PWFA accommodation medical information	
<input type="checkbox"/>	Doctor's notes, restrictions, fitness-for-duty certifications	
<input type="checkbox"/>	Workers' comp medical records	
<input type="checkbox"/>	Drug and alcohol test results	
<input type="checkbox"/>	Health insurance enrollment with medical detail; disability claims	
<input type="checkbox"/>	Any document naming a diagnosis, treatment, or family medical history (GINA)	

File 3 — Supervisor Working File (tightly limited)

Supervisors may keep only operational notes — and must know the limits.

Confirmed	Supervisor file rule	Notes
<input type="checkbox"/>	Restrictions communicated as work limitations only ('no lifting over 20 lbs'), never diagnoses	
<input type="checkbox"/>	No medical notes, certifications, or test results retained by supervisors	



Confirmed	Supervisor file rule	Notes
<input type="checkbox"/>	Coaching notes are factual, dated, and eventually routed to the personnel file	
<input type="checkbox"/>	Supervisors trained: medical documents go to HR the day received	

File 4 — Payroll File

Routed	Belongs here	Notes
<input type="checkbox"/>	W-4s, direct deposit, garnishments, deduction authorizations	
<input type="checkbox"/>	Timecards and wage records	
<input type="checkbox"/>	Benefit deduction records without medical detail	

File 5 — Investigation Files (separate from all personnel files)

Confirmed	Investigation file rule	Notes
<input type="checkbox"/>	Complaint intakes, witness statements, evidence logs, findings kept apart from personnel files	
<input type="checkbox"/>	Only the outcome that affects the employee (e.g., the written warning) goes to the personnel file	
<input type="checkbox"/>	Access limited to those who conducted or acted on the investigation	

Access and Retention

File	Who may access	Minimum retention guide
Personnel	HR; supervisor on need-to-know	Duration of employment + statutory periods
Medical	Designated HR only; safety staff for restrictions; first aid as needed	ADA/FMLA: 3 years; OSHA exposure records: much longer
Payroll	Payroll and HR	FLSA: 3 years; supporting records: 2 years
Investigation	Investigator, HR lead, decision-maker	Through limitations periods; align with counsel

Quarterly Audit

Done	Audit step	Date / findings
<input type="checkbox"/>	Sample of personnel files checked for stray medical content	
<input type="checkbox"/>	Medical file access list reviewed and confirmed current	
<input type="checkbox"/>	Supervisor 'shadow files' checked and collected	



Done	Audit step	Date / findings
<input type="checkbox"/>	Digital storage permissions match the paper rules	
<input type="checkbox"/>	Departed-employee files moved to retention storage on schedule	

STOP AND REVIEW BEFORE ACTING

If any statement below is true, pause. Get the decision reviewed by HR, counsel, or Faulkner HR Solutions before you act.

- A supervisor's desk drawer contains doctor's notes.
- The HRIS attaches FMLA certifications to the same profile every manager can open.
- A personnel file about to be produced in a records request contains diagnoses.
- Family medical history appears anywhere outside the medical file (GINA problem).
- Access to the 'confidential' folder includes people who left HR two years ago.

MINIMUM DOCUMENTATION STANDARD

Before this file is closed, the employer should be able to answer every question below and point to where the proof lives.

Question	Your answer / where the proof is stored
What happened?	
When did it happen?	
Who observed or reported it?	
What policy, standard, deadline, or expectation applies?	
What decision was made?	
Who had authority to make the decision?	
What alternatives were considered?	
What risk was reviewed?	
What follow-up is required?	
Where is the proof stored?	

COMMON MISTAKES

1. One thick folder per employee, with everything in it.
2. Telling supervisors the diagnosis when they only need the restriction.



3. Storing drug test results in personnel files.
4. Digital systems that mirror none of the paper access rules.
5. Purging files on a schedule that ignores pending claims or OSHA retention rules.
6. Auditing once — file discipline decays without a recurring check.

WHAT TO DO NEXT

Stand up the five-file structure, migrate stray medical content to the confidential file, brief supervisors on the routing rules, and calendar the quarterly audit. If files have been mixed for years, prioritize the files of employees with active leave, accommodation, or injury matters first.

Before you terminate, deduct, discipline, classify, or respond, get the decision reviewed.

Call 210.446.8730 or email thomas@faulknerhrsolutions.info.



Before you process payroll, terminate, classify, deduct, or respond to a claim, get the decision reviewed.

Need help applying this to a real workplace decision?

Faulkner HR Solutions helps Texas employers, nonprofits, municipalities, and growing businesses fix the people systems behind recurring workplace problems.

If this document raised a risk flag, do not guess your way through the next step.

Call: 210.446.8730

Email: thomas@faulknerhrsolutions.info

Website: faulknerhrsolutions.info

DISCLAIMER

This resource is provided for general employer education and planning purposes. It is not legal advice and does not create an attorney-client relationship. Employment laws, agency guidance, and local requirements may change. Employers should review the facts of each situation before acting and consult appropriate HR or legal counsel when needed.