



Medical Staff Access to Patient Records

Our goal when it comes to HIPAA privacy regulations is to respect patient rights while providing high quality patient care and outcomes. The following guidelines were developed in coordination with the Medical Executive Committees at HSHS St. Clare, St. Vincent, St. Mary's, Nicholas, St. Joseph's, and Sacred Heart Hospitals. Please review the following patient medical record access guidelines:

When is it okay to access an electronic medical record?

You may access a patient's medical record for direct treatment purposes or consult requests.

You may access under the direction of a Medical Staff Committee, i.e. Peer Review, Quality, as a Chief or Chair with responsibility for case review as part of Ongoing Professional Practice Evaluation (OPPE) and/or Focused Professional Practice Evaluation (FPPE), and/or as appropriate under Medical Director contract (if applicable).

I notice that a patient I had previously treated has returned to the hospital, but I am not actively treating the patient during this hospitalization. May I look at the record?

If the reason for access is to verify your treatment (quality review) prior to their readmission and the readmission is within 30 days, then you may access the record. If the readmission is greater than 30 days since your original involvement with the patient, the need for access would be questioned during an audit.

I notice that a patient I am treating in the clinic has been admitted to the hospital. May I look at the record?

Yes. If you are actively treating the patient in the clinic and are currently following the patient's care, access to the hospital record is appropriate.

If I ordered the transfer of a patient from one HSHS hospital to another, may I look at the medical record of the receiving hospital?

Yes. If the purpose of accessing the record is to verify your treatment (quality review) during the patient's course of care.

If I become aware of an interesting case, may I access the patient record?

No. Accessing a patient record because the case is interesting or for your personal educational purposes is not appropriate. You may ask the provider involved in the care to consider providing education to you or to the medical staff. However, all data included in the education must be de-identified.

If I receive notification that a family or friend is in the hospital, is it okay to access the record?

No. Accessing the record is inappropriate if you do not have a direct treatment or job-related need for accessing the information.

If a hospitalized patient's family member or friend is asking my opinion, is it ok to access the record?

No. Unless you receive an official consult or curbside consult from a provider treating the patient, there is no direct treatment or job-related need for accessing patient information.

If I am asked to do an unofficial consult and there is no documentation in the record indicating that a consult was requested, and an access audit is conducted, how will I know or recall the reason I accessed the record?

Currently there is not a way to document an unofficial consult in Epic without it becoming an official part of the legal health record. The best way to ensure that your access is not questioned is to request an official consult and document your review in the patient's medical record. If you prefer not to request or perform an official consult, you will be responsible for providing rationale for your access.

May I access either my own or a family member's record?

No. To review your own or a family member's medical record, please utilize My Chart or contact Health Information Management to complete an appropriate authorization and obtain paper copies of the records.

May I review the ED List or Status Board?

You may only access the ED List or Status Board if you are on call and the purpose for access is to determine if you will be called back. The board is the only access that can be made as further clicking into the record without a consult or curbside opinion requested by a treating provider is not appropriate. You may also call the ED to inquire if your services will be needed.

What happens when my access to patient records is audited?

If you have accessed a record appropriately, you will not receive notification of the audit. However, if you accessed a patient record and we cannot determine the reason for the access, we will call you to discuss the reason for accessing the record. If we determine the access is reasonable and complies with HIPAA and Wisconsin regulations, nothing further will happen. If there is reason to believe access was not reasonable or appropriate, the information will be referred to the Medical Executive Committee for review. Any further actions would be directed by the Medical Executive Committee in accordance with the Medical Staff Bylaws.

Who may I disclose patient information to?

You may discuss patient information with any member of the hospital or medical staff that is directly involved in the patient's care. You may also discuss patient information with patient family members when you have the patient's permission to do so. You may not discuss patient information with hospital or medical staff not involved in the patient's care and you should never disclose patient information to individuals outside of the hospital or your office.