St.JosephHealth
Santa Rosa Memorial

**TITLE: CONFIDENTIALITY OF MEDICAL STAFF RECORDS POLICY # D3-2**

**MANUAL: ADMINISTRATIVE POLICY/PROCEDURE MANUAL**



Effective Date: 8/12/89 Approval /s/
Reviewed/Revised: 3/90; 4/91; 2/93; 1/96; 10/98; 8/00; 12/03; 11/06; 5/11, 12/16 Tyler Hedden , Chief Operating Officer

## I VALUES CONTEXT

Our value of Dignity calls us to respect each person as an inherently valuable member of the human community and as a unique expression of life.

## II PURPOSE\EXPECTED OUTCOME (S)

The purpose of this policy is to preserve the confidentiality of all Medical Staff records.

The Medical Staff of Santa Rosa Memorial Hospital recognizes the requirement for maintaining confidentiality of medical staff records for legal, ethical and policy reasons. Accordingly, disclosure of medical staff records shall be permitted only under the conditions set forth in this policy/procedure.

## III POLICY

All members of the Medical Staff and Allied Health Professionals ("AHPs") shall respect the confidentiality of all Medical Staff records. This requirement of confidentiality extends not only to the information contained in the physical medical staff records, *e.g.*, the credentials files of Medical Staff members or committee minutes, but also to the oral discussions, deliberations, and proceedings that occur at medical staff meetings at which credentialing, peer review, and performance improvement activities are discussed, including, but not limited to medical staff department, section, and committee meetings.

The following items shall be considered confidential material:

a) All credentials files of Medical Staff members and applicants
b) All credentials files of Allied Health Professionals;
c) All Medical Staff committee, section, and department minutes and related documents; and
d) All general files maintained in Medical Staff Administration (MSA).

## IV PROCEDURE

A. DISCLOSURE AND/OR REQUESTS FOR INFORMATION

1. Disclosure of the above noted material for official hospital and/or medical staff functions will only be permitted if there is a specific reason and need to know that is acceptable to the Chief of Staff (COS), Chief Medical Officer (CMO), and/or the Chief Executive Officer (CEO) or his designee.

2. Access to the above noted material by persons performing official hospital and/or medical staff functions shall be permitted only to the extent necessary to perform said functions upon the approval of the MSA Director. Medical Staff credentials files shall not be removed from the Medical Staff Administration office unless in the custody of the MSA Director or designee.

3. Members and new applicants to the Medical Staff shall be permitted access to only the information that was provided directly by the member or applicant. Access by a member or applicant to any other information contained in the credentials file shall be granted only after legal consultation and upon the approval of the COS, CMO, and/or the CEO or his designee.

4. Disclosure of any of the above noted material to outside agencies shall be permitted only when required by law or regulations or upon the request of the individual practitioner and only with the approval of the COS, CMO, and/or the CEO or his designee.

5. Routine requests for credentials information from other hospitals which pertain to the credentialing process shall be answered from information contained in the credentials file of the practitioner upon receipt of a written request which contains a statement signed by the practitioner releasing from liability all those providing such information. If a practitioner has not encountered disciplinary or peer review problems, or been denied privileges at this Hospital, then the Director or designee may release information contained in his/her credentials file in response to a request from another hospital or its medical staff. All such requests shall be answered in writing by the MSA Director or designee, or the chairman of the practitioner's department, or through the online affiliation verification system.

6. If a practitioner has encountered disciplinary or peer review problems, or been denied privileges at this Hospital, no information shall be released until the copy of the signed release from the requesting institution is deemed satisfactory by legal counsel. All responses to such inquiries shall be reviewed and concurred by the COS and/or CMO, and legal counsel shall be consulted.

7. All subpoenas for medical staff records and files that are received by the MSA Director shall be referred to the COS and/or CMO. Appropriate legal counsel will be sought when determining the response.

B. LOCATION AND SECURITY

1. All current medical staff records shall be maintained in Medical Staff Administration, access to which shall be strictly controlled in accordance with these Rules and Regulations. The medical staff records shall be locked except during such times as an authorized representative of Medical Staff Administration is physically present and able to monitor access in accordance with this policy.

2. Keys that access the Medical Staff Administration will be limited to the following personnel:

    a. Medical Staff Services personnel
    b. Chief Medical Officer
    c. Chief Operations Officer
    d. Chief Executive Officer
    e. Clinical Engineering personnel
    f. Security Personnel

3. All medical staff records shall be kept in file cabinets with access strictly controlled. They shall not be removed from the medical staff services office, unless in the custody of the MSA Director or designee, for credentialing process purposes only.

4. Credentials file cabinets shall be locked except during such times as Medical Staff Administration personnel are physically present and able to monitor access.

5. Medical staff monitoring committee and peer review committee records shall be kept separately from credentials files and shall be maintained in locked file cabinets.

6. All membership on the Medical Executive Committee and the Well Being Committee shall be required to sign the approved Confidentiality Agreement. Membership of other medical staff peer review or monitoring committees may be required to sign the Confidentiality Agreement upon the discretion of the Chairman of such committee.

C. ACCESS BY PERSONS PERFORMING OFFICIAL FUNCTIONS

1. Access to Medical Staff records by persons performing official Hospital or Medical Staff functions will be allowed to the extent necessary to perform their official functions as follows:

2. Medical Staff Officers: Medical staff officers shall have access to all medical staff records.

3. Department Chairpersons: Department chairs shall have access to all medical staff records pertaining to the activities of their respective departments.

4. Medical Staff Committee Members: Medical staff committee members shall have access to the records of committees on which they serve and to the credentials/quality/peer

review and performance improvement files of practitioners whose qualifications or performance the committee is reviewing.

5. Consultants: Consultants shall have access to such medical staff records as may be designated by the COS, CMO, and/or the CEO or his designee.

## D. MEANS OF ACCESS

1. All requests under this Section for medical staff records shall be made to and recorded by the MSA Director or authorized designee who shall provide access in accordance with this policy. Requests that require notice to or approval by other officials shall be forwarded to these persons by the MSA Director. A person permitted access under this Section shall be given a reasonable opportunity to inspect the records in question and to make notes regarding them, but not to remove them from Medical Staff Administration or to make copies of them. Removal or copying shall only be upon the express written permission of the COS or his designee, CMO or his designee, and/or the CEO or his designee.

2. Practitioner Access to Credentials & Peer Review Files: A practitioner shall have access to the credentials and peer review files of other practitioners only as set forth above. A practitioner shall have the right to copies of any documents in his/her own credentials and peer review file which he/she submitted (*e.g*., his/her applications, privileges list, or correspondence from him/her) which were addressed or copied to him/her or which he/she was required to sign. A practitioner shall be allowed to any further information in his/her credentials and peer review file only if, following a written request by the practitioner, the Medical Staff Executive Committee and CEO or authorized designees grant written permission.

3. Medical Staff Committee Files: A practitioner shall be allowed access to medical staff committee files when he/she is not a member of the committee only if, following a written request by the practitioner, the Medical Staff Executive Committee and CEO or authorized designees grant written permission.

## E. CONFIDENTIALITY IN DOCUMENTING PEER REVIEW ACTIVITIES

Preservation of the privacy of all medical staff members shall be maintained at all times concerning peer review activities. Medical Staff Administration will provide a setting, which is protective of the sensitive nature of peer review activities, investigations, minutes, reports, and performance improvement activities.

## F. MEDICAL RECORDS AND OTHER DATA

Any medical record needed for the purpose of peer review at a given meeting shall be obtained immediately prior to the peer review meeting and shall be returned to its origin immediately following the peer review meeting.

In no circumstance shall any medical record and/or other data be removed from the meeting place by anyone other than the person empowered to do so.

G. MINUTES

1. The minutes of all medical staff committees and departments which report peer review activities shall be protected from disclosure in a court of law in accordance with California Evidence Code 1157.

2. Physicians' names, patients" names, and medical record numbers shall not be disclosed outside of the direct peer review committee.

3. A physician numerical identification system shall be maintained for the purpose of peer review identification. The numerical identification system may be changed periodically for particularly sensitive peer review issues, at the discretion of the MSA Director.

4. The minutes shall be labeled **CONFIDENTIAL** and bear a statement which indicates that they will be used only for medical staff credentialing and peer review purposes.

H. DISTRIBUTION OF MINUTES

Provisions shall be taken to protect all peer review and monitoring minutes from disclosure as follows:

a. Minutes shall be restricted to only those actually involved in the review process.

b. Minutes shall be distributed at a meeting and collected at the conclusion of the meeting.

I. REPORTING PEER REVIEW ACTIVITIES

1. All peer review activities and monitoring activities shall be reported to the appropriate department or committee on a regular basis.

2. Reporting of peer review and monitoring activities shall be summarized and submitted for information and action to the, Medical Executive Committee and the Board of Trustees.

J. RESPONSIBILITIES OF MEDICAL STAFF ADMINISTRATION MEMBERS

1. All Medical Staff Administration members agree to respect the confidentiality of all information obtained in connection with their responsibilities as employees.

2. This requirement of confidentiality extends not only to the information contained in the physical files of the medical staff members and committees, the discussions and deliberations which take place within the confines of medical staff department and committee meetings, but to confidential discussions held (regardless of the location of the discussion and under what circumstances the discussion was held), computer identification codes and passwords.

3. Access to computerized information is controlled through the use of security codes.

4. The above responsibilities are also accepted and agreed upon by any temporary personnel who work in Medical Staff Administration.

5. Failure to comply with these rules may result in disciplinary action or termination.

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| Author/Department: Medical Staff Services | |
| References: | |
| Reviewed by: Patricia T. Busbey, CPMSM (12/22/16) | |
| Approvals:<br>Chief Medical Officer, CSQT, MEC, BOT (11/06)<br>Medical Executive Committee 02/14/17<br>Board of Trustees 02/28/17 | Distribution: All Hospital Departments |