



Policy /Procedure Document	
Manual:	N/A
Origination Date:	05/05/2008
Last Review Date:	08/03/2015
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Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	Confidentiality of Medical Staff/Allied Health Professional Records
SCOPE:	Medical Staff Members, Privileges Holders and Allied Health Professionals
DOCUMENT TYPE:	N/A
PURPOSE:	To define the importance of maintaining confidential information and to provide a procedure for access to and the release of confidential information regarding credentialing, quality assessment/performance improvement and Peer Review activities of Medical Staff Members, Privilege Holders and Allied Health Professionals.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A
PROCEDURE:	

Confidentiality

Medical Staff Members and Privilege Holders, and their agents, who are involved in the evaluation and improvement of the quality of patient care at the Hospital, may be provided with and have access to very sensitive and confidential information regarding credentialing, quality assessment/performance improvement and Peer Review activities of Medical Staff Members, Privilege Holders and Allied Health Professionals.

The importance of maintaining all the above information, and any and all discussion and deliberations regarding the same, in strict confidence is vital. No disclosures of this confidential information will occur outside of appropriate meetings, except when the disclosures are to another authorized Medical Staff Member or Privilege Holder or authorized employee of the Hospital and are for the purpose of conducting legitimate Medical Staff activities and any such disclosures shall be made only in a private setting. Breach of this responsibility may compromise the interests of the individual who made a disclosure, the individual about whom information was disclosed, and also the interests of the Hospital and its Medical Staff and Allied Health Professional Staff.

Access to / Release of Information

Access to and release of information is administered by the Medical Staff Office under the authority of the Medical Executive Committee.

1. Access:

Individual credentials and Peer Review information, as well as the records of peer review meetings, may only be accessed by authorized individuals who have a legitimate need to know this information and shall be limited to the information necessary to carry out their assigned responsibilities. Only the following individuals shall have access to provider-specific information:

- a. Medical Staff President
- b. Medical Staff Department Vice-Chiefs and Chiefs
- c. Members of the Credentials Committee, and Medical Staff Quality Assessment Committee, MEC and Medical Staff Office Professionals;
- d. VPMA, Director Quality Management, and Quality Staff supporting the Peer Review process
- e. Hospital Risk Manager
- f. Individuals surveying for accrediting bodies with appropriate jurisdiction, e.g. JCAHO, or state/federal regulatory bodies; and

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- g. Individuals with a legitimate purpose for access as determined by the Hospital Board.
- h. The Hospital CEO for purposes of any potential professional review action as defined by the Medical Staff Bylaws.

A Practitioner or Allied Health Professional may have access to and may copy any document from his/her own credentials file that he/she submitted, or documents pertaining to him/her that were addressed or copied to him/her. A Practitioner may also view their NPDB queries. A Practitioner or AHP must request permission to view his/her credentials and/or Peer Review file in advance and must be accompanied by either the VPMA, a Medical Staff Officer, or an appropriate Department Chief or Vice Chief. No copies of Peer Review documents will be created and distributed unless authorized by the Vice-President for Medical Staff Affairs or the CEO.

Credentials files and Peer Review meeting documentation may not be removed from the Medical Staff Office except for an official Peer Review Committee meeting where the information is to be reviewed. All information will at all times be under the direct supervision of an authorized individual as described above.

2. **Release of Information**

Information of an operational and non-Peer Review nature, such as name, address, license number, approval dates, etc., may be released to other departments within Memorial Hospital for business use only and through the most efficient and effective means. Home addresses and other information of a personal nature will be kept confidential except for social mailings generated by Memorial entities (Holiday Reception, New Physician Reception, etc.)

Requests received from other Peer Review entities requesting information about Medical Staff and Allied Health Professionals must be accompanied by a signed release from the Practitioner or Allied Health Professional. The Medical Staff Office will respond to all requests within 14 days; the response will be confined to the information requested (usually staff status, specialty, dates of affiliation and confirmation of good standing). Information regarding a Practitioner or Allied Health Professional not in good standing will only be disclosed to another Peer Review body or its agent when the request is specific and is accompanied by a signed release. The response will be written directly from the record of the event and, ideally, will be reviewed with the affected individual in advance.

In cases where, after consultation with legal counsel, it is determined that the facts and circumstances dictate that a Practitioner or Allied Health Professional receive a copy of certain information related to his/her Peer Review or credentials file, the Individual will be required to sign the following statement before such information is provided.

PHYSICIAN FILES CONFIDENTIALITY

I understand that the information provided to me is confidential and privileged under the Indiana Peer Review Act, I.C. 34-4-12.6-1, et. seq. As such, this information may not be disclosed by me to any other party not a part of the Peer Review process; I further understand that I will be responsible for all damages to the Hospital, its officers, directors, Medical Staff Members and Privilege Holders and Allied Health Professionals arising out of my disclosure of this information to parties outside of the Peer Review process. I understand that the release of this information to me is in no way to be construed as a waiver of the Peer Review privileges held by the Hospital or any of its Peer Review Committees.

Practitioner/Allied Health Professional

Date

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Document Revision History:		
Revision Date:	Reviewed/Revised By:	Summary of Changes:
05/05/2008	Medical Staff	Original Document
07/2015	Michael Blakesley, MD	Policy format/minor changes and minor edits