

Charting the Legal Health Record

Save to myBoK

by Chris Dimick, staff writer

Tracking what should or shouldn’t be included in a healthcare organization’s legal health record can be a dizzying process without ample organization. The increasing mix of digital information with traditional paper records makes good organization all the more essential.

HIM professionals must first establish what will be included in the organization’s legal health record, looking at both paper and electronic records and conferring with counsel, according to Cheryl Servais, MPH, RHIA. This definition prepares an organization for both record requests and the transition to a fully electronic system.

“Without a definition of what is in the legal health record, there could be inconsistencies in what gets released,” explains Servais, vice president of compliance and privacy officer at Precyse Solutions, based in Wayne, PA.

Knowing what is included and where it comes from also helps prevent the disclosure of unnecessary information. “It avoids the potential situation of somebody just dumping everything out of all their computer systems pertaining to a person, running it all together, and saying, ‘Well, here is everything we have,’” Servais says.

Health IT systems add a layer of complexity. “With paper, there were certain documents that were identified as being part of the medical record, and those forms and documents flowed into the medical record department and were placed in a manila envelope. So that made it real easy,” says Servais. “Back then if someone said, ‘I want a copy of the record,’ you pulled the file folder off the shelf and it was done.

“Now you have electronic data, and there is no clear-cut file folder boundary,” Servais explains. Identifying all the systems that feed a record is trickier, as is knowing who had access to which data. “There is a lab system, a radiology system, a pharmacy system, and maybe they all flow into a general computerized patient record, maybe somebody gets access to all the different systems,” she says.

In order to help document just what information is included in the legal health record, Servais suggests HIM professionals create a grid similar to the one shown here. The grid establishes the included items and their sources. It is equally important to document which items are not included in the legal record, Servais notes.

A grid can serve as a starting point for records releases and discovery requests. It helps keep records release consistent over time, and it can serve to track the department’s responses to requests.

Write It Down				
Documenting the items included in and omitted from the organization’s legal health record serves as a starting point for release requests and keeps disclosures consistent.				
Documents and Data Elements	Source	Included?	Status Change	Effective Dates
Lab results	Lab information system	Yes	Included in definition	2002–2006
Lab results	Results reporting system	Yes	Source change	2006
Progress notes	Paper record	Yes	Included in definition	2002–2005
Progress notes	Imaging system	Yes	Source change	2005

Personal health record	Patient information (optional)	No	Excluded from definition	2002–2006
Personal health record	PHR portal for diabetes clinic patients	Yes	Source and definition change	2006

Source: Servais, Cheryl. *Legal Health Record*. Neil S. Olderman, technical editor. Chicago, IL: AHIMA, forthcoming.

The grid in this article is adapted from the book *Legal Health Record* by Cheryl Servais, which will be published by AHIMA late this summer. For more information, visit <http://imis.ahima.org/orders>.

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