On the Line: Professional Practice Solutions (3/03)

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Q: When is it appropriate to separate files for select types of medical records? What practice guidelines are available?

A: Circumstances, reasons, and applicable laws affect decisions to create separate medical record files within varying types of healthcare organizations. Organizations themselves are the best judge of whether unique conditions should trigger an alternative process.

The existence of a policy to ensure tightened privacy and security controls for a select group of records or documents implies the need for special considerations for one type of protected health information over another. HIPAA regulations include expectations for privacy and security practices for all medical records. Before introducing alternative choices for a select group of records, an organization should evaluate the need for tightening general practices. However, in some cases, separation of files is needed by law or required to establish an acceptable level of privacy due to organizational nuances. At other times, a stigma or categorization might call attention to special cases.

When considering implementation of segregation practices, consider the following:

Regulatory

Regulatory guidance on segregation of medical records or documents has been state-based. HIM professionals should take into account existing state directives related to HIV/AIDS, psychiatric, abuse/neglect, and genetics, as well as general records.

HIPAA is silent on the segregation of paper or electronic health records. The privacy rule does, however, address the separation of psychotherapy notes. These notes are to be "maintained separately from the medical record, and...[can] not be involved in... treatment, payment, or operations" (TPO). An authorization is required for TPO access.

Organizations that receive federal funds for alcohol and drug treatment programs are governed by 42 CFR, Confidentiality of Alcohol and Drug Abuse Patient Records. Section 2.16 directs that "written records which are subject to these regulations must be maintained in a secure room, locked file cabinet, safe, or other similar container when not in use...each program shall adopt in writing procedures which regulate and control access to and use of written records which are subject to these regulations." Most healthcare organizations have similar policies for the security of all medical records.

Accreditation

Accreditation agencies are non-prescriptive. The Joint Commission allows separation of files without encouraging or discouraging the practice. The Accreditation Association
for Ambulatory Health Care, the American Osteopathic Association, and the National Committee for Quality Assurance do not address record segregation.

Physical Separation

Physical separation introduces a pause in general operations. If the record is not in the expected place, one is alerted to proceed differently. Take care not to compromise patient care through record unavailability due to physical record separation. For example, if records involved in litigation are kept in a restricted area, immediate access at all times for patient care is critical. Likewise, with high-profile cases, if record control practices are employed instead of anonymity practices to reduce risk of breach restriction, they must not impede immediate access to appropriate caregivers.

When restrictions are implemented to deter illegal medical record alterations (such as prohibiting the removal of the medical record from the HIM department) and copies are made for users, copy control is critical. Physical location is more dependable, but wayward copies not returned or destroyed can do uncontrolled confidentiality damage.

Flagging and Labeling

Labeling records can represent segregation of a different type. Functionally, it alerts users at a glance to employ special considerations. On the other hand, labeling or flagging can call attention to records or place a stigma on sensitive information that might not otherwise be noticed. Color coding may be more subtle than labeling.

When a hard copy no longer exists for physical segregation, electronic flagging, technology restrictions, and system alerts can be applied. Because state laws may preempt HIPAA, providers may use technology features to remind users of special requirements.

Individual rights to request restrictions under HIPAA may push healthcare organizations toward introducing flags or labels electronically, if not on the physical record itself. If the organization agrees to the restriction, reasonable effort must be made to accommodate the request. Alerts or warnings within electronic systems may be important so that privacy intentions are not lost with change of storage medium.

References

Confidentiality of Alcohol and Drug Abuse Patient Records. 42 CFR, Section 2.16. Available at www.access.gpo.gov/nara/cfr/index.html.

Gross, Linda. “HI Confidential: Segregating Sensitive Records.” Advance for Health Information Professionals 12, no. 17 (2002): 30-32.

“Health Insurance Portability and Accountability Act of 1996.” Public Law 104-191. August 21, 1996. Available at http://aspe.hhs.gov/admnsimp/.

Joint Commission on Accreditation of Healthcare Organizations. Comprehensive Accreditation Manual for Hospitals. Oakbrook Terrace, IL: Joint Commission, 2002.

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