

Reality Check 2013: Ethical Issues in HIM

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By Members of the 2013 AHIMA Professional Ethics Committee

Although the AHIMA Code of Ethics may not be something health information management (HIM) professionals think about each day, handling ethical issues—and making decisions that have ethical implications—is very much a part of daily HIM practice.

Some of the decisions that HIM professionals are called upon to make are “easy calls.” Those are the issues where there is a very clear right and wrong, and it doesn’t take a review of the Code of Ethics to know the right course of action. For example, you are approached by a local investigative journalist seeking protected health information about a prominent local businessman recently treated in your facility. He offers to give you two hard-to-obtain tickets to an upcoming concert as “thanks” for your assistance. In this case, it doesn’t require deep thought to understand that what you are being asked to do is wrong (in both an ethical and legal sense).

But not all of the ethical issues we face are that easy. And sometimes, there are competing priorities and pressures that make it more challenging to follow an ethical course. For example, what do you do if your employer is requiring an action that you feel to be unethical? If you follow instructions, you violate your professional ethics. But if you refuse to comply with the directive, you may be risking your job. In those instances, referring to the AHIMA Code of Ethics and Standards of Ethical Coding (and the resources on ethics available on the AHIMA website) can be helpful in sorting through available options.

AHIMA’s Professional Ethics Committee reviews complaints against AHIMA members and holders of AHIMA credentials. While complaints are rare, they do occur. It’s the job of the committee to review the allegations, investigate, and make recommendations as appropriate. The committee also produces resources designed to assist members in understanding and adhering to their ethical obligations. But it’s one thing to read about ethics in a vacuum and quite another to apply those principles in the moment.

This article shares some scenarios based on the general types of problems reported over the past several years. Facts have been changed to protect identities.

As you read these scenarios, consider whether something similar could happen to you. If you were faced with this situation, what would you do? Test your knowledge of HIM professional ethics by taking the quizzes after each scenario.

Scenario 1

A data entry staff member reports to you that she noticed that one of the physicians always bills for a level 4 or 5 for each of her encounters. The data entry staff member does not have access to the physician’s documentation, just the encounter form. What would you do?

- Option 1: Ignore the report, since her observations are based on incomplete data, and this is outside the scope of her job anyway.
- Option 2: Report the physician for Medicare fraud since this is highly suspicious and you want to protect the organization from a fraud scheme.
- Option 3: Recommend to the compliance office that a statistically valid sample of this physician’s encounters be reviewed to determine if the levels assigned on the encounter forms are supported by the documentation in the encounters.

Scenario 2

The Joint Commission has selected 20 closed records to review. You review each of them and find several where the orders are not timed. You report this to the Hospital Joint Commission coordinator who states, “Why didn’t HIM catch this before now? You’re going to take the fall for this one—not me!” She asks you to get these orders timed. What would you do?

- Option 1: Ask the physicians to time their orders after the fact. There’s no harm in changing the record before the survey.
- Option 2: Take the records to the medical staff’s Medical Record Committee and get their instructions to send the records back to the physicians for timing. As long as they direct you to do this, it’s okay.
- Option 3: Do not ask the physicians to date the orders now. Also, educate the Joint Commission coordinator that complete authentication should occur at or near the time of the event, not after discharge. The orders should have been properly authenticated when the orders were recorded, not after discharge.

Scenario 3

You are an HIM professional employed at a cancer clinic, and also a member of a private group hosted on a social networking site. Mary is not a member of the social networking group, but she is a friendly acquaintance of all the group members. Mary is a cancer survivor. She has attended many parties and community events with various members of the group. At these events, she has been very open about her cancer, her treatment, and her prognosis. It has been several months since the group members have seen Mary. One day Mary comes into the cancer clinic for a follow-up appointment while you are working. She encourages you to let “the gang” know that she is doing well. The easiest way for you to convey this great update is via the group’s private site. What would you do?

- Option 1: Go ahead and post the happy update to the group page; after all, Mary said it was okay.
- Option 2: Don’t put yourself at risk by using the social networking site at all. Instead, tell just a few of Mary’s friends—the ones you are certain she would want you to tell.
- Option 3: Explain to Mary that because you are learning this information about her in your capacity as an employee, it’s important that any information sharing come from her—and not from you. You use this opportunity to talk to Mary about your organization’s commitment to patient privacy.

Summary

Some ethical principles have been unchanged since our profession’s beginnings. But as HIM practices change and evolve, we’ll face new issues. Taking time for a periodic “reality check” is a good way of ensuring we’re ready for those issues. We’ll be most successful at meeting ethical standards if we learn from each other. And the stakes are worth noting: a visible commitment to ethical HIM practice helps define our profession both internally and externally, and serves not only members and credential holders, but the entire healthcare community.

Option 3 for all three scenarios represents the best ethical choice. If these scenarios raise questions for you, contact us. Let us know what problems you face. Request the kinds of resources that would be most helpful. Share the experiences you’ve had that left you wondering whether, if faced with that situation again, you might do something different. Tell us about your ethical victories, and any lessons learned that could benefit other members. Although HIM professionals serve in many diverse roles, we share an important commitment to ethical HIM practice. Let us hear from you.

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