

Community Hospitals and Wellness Centers  
CHWC Montpelier Hospital (CAH)  
CHWC Bryan Hospital  
CHWC Archbold Hospital

## MEDICAL STAFF SERVICES POLICY & PROCEDURE

SUBJ: CONFIDENTIALITY AND ACCESS OF MEDICAL STAFF RECORDS

DATE ISSUED: 05/2009

REVISED:

REVIEWED: 10/11, 10/13, 10/15, 7/18, 7/21

POLICY NUMBER: **MD0005**

### **I. POLICY**

- A. All records prepared or maintained by the Medical Staff Coordinator or designated personnel, with respect to the services rendered for the Medical Staff Services Department, shall be considered confidential and shall be prepared and maintained in compliance with applicable federal and state laws.

### **II. GENERAL PROCEDURE**

- A. The following items shall be considered confidential material:
  - 1. All credentials files and all information contained therein;
  - 2. All reappointment information, including monitoring and reevaluation material;
  - 3. All general files maintained in the medical staff services office/department.
- B. Access or disclosure of medical staff records shall only be permitted under the conditions set forth in this policy and procedure.
  - 1. The following persons shall have access to perform official hospital or medical staff functions and shall be permitted at all times to the extent necessary to perform said functions:
    - a. Medical Staff Officers (Chief of Staff, Vice Chief, Secretary/Treasurer, etc.)
    - b. Credential's Chair shall have access to records pertaining to the activities of his/her respective department.
    - c. Medical Staff committee members shall have access to the committee minutes and supporting documentation on which they serve as a member of said committee.
    - d. Consultants (who may or may not be members of the medical staff) may have

access to a practitioner's credentials and peer review files at the request of the Medical Staff Officers or Chief Executive Officer.

- e. The Chief Executive Officer or his/her designee shall have access to all medical staff records.
2. Disclosure of the above-referenced material (in Section A) may be permitted upon approval by the Chief of Staff and/or Chief Executive Officer and shall be for a specific reason acceptable to either or both.
- a. All subpoenas for medical staff records and files shall be referred to the Chief of Staff and Chief Executive Officer who must consult legal counsel before responding to the order.
  - b. Routine requests pertaining to the credentialing process at outside hospitals shall be answered from information contained in the credentials file of the practitioner, on receipt of a statement signed by the practitioner releasing from liability all those providing such information.
  - c. Applicants to the medical staff and/or members of the medical staff shall be permitted access, subject to the following provisions:
    - (1) Timely notice of such shall be made by the member to the Chief of Staff or the Chief of Staff's designee;
    - (2) The member may review, and receive a copy of, only those documents provided by or addressed personally to the member. A summary of all other information, including peer review committee findings, letters of reference, proctoring reports, complaints, etc., shall be provided to the member, in writing, by a designated officer of the medical staff within a reasonable period of time (as determined by the medical staff). Such summary shall disclose the substance, but not the source, of the information summarized.
    - (3) The review by the member shall take place in the medical staff office, during normal work hours, with office staff or designee of the medical staff present.
    - (4) Further requests from the individual to access additional information require prior approval of the Chief of Staff and/or Chief Executive Officer.
  - d. In the event a notice of action or proposed action is filed against a member, access to the member's credentials file shall be governed by Articles and Sections relating to Hearings and Appellate Reviews. (as detailed in individual Medical Staff Bylaws).

#### D. Location and Security Precautions for Medical Staff Records

1. All Medical Staff records shall be maintained in the Medical Staff Services office/department. Such records shall be maintained in file cabinets, under the custody of the Medical Staff Services Coordinator. The office and file cabinets shall be locked except during such times as the Coordinator or designated personnel are physically present and able to monitor access.

Approval:

Credential/Bylaws Committee: 07/21

Medical Staff: 08/21

Board of Directors: 08/21