



TAHOE FOREST HOSPITAL DISTRICT

POLICY/PROCEDURE

NO. _____

SECTION MEDICAL STAFF

TITLE: CONFIDENTIALITY OF MEDICAL STAFF
RECORDS

P.O. Box 759 Truckee, CA 96160 (530) 587-6011
880 Alder Ave. Incline Village, NV 89451 (775) 832-3810

SCOPE

This policy and procedure applies to all records maintained by or on behalf of the Tahoe Forest Hospital District Medical Staff, including the records and minutes of all Medical Staff committees and the credentials and peer review files for individual practitioner.

POLICY

LOCATION AND SECURITY PRECAUTIONS

All Medical Staff records shall be maintained in the Medical Staff Office, access to which is strictly controlled, in accordance with the rules set out in this policy and procedure. Such records shall be maintained in a file cabinet, under custody of the Director of Medical Staff Services.

ACCESS BY PERSONS WITHIN THE HOSPITAL OR MEDICAL STAFF

A) MEANS OF ACCESS

Unless otherwise stated, a person permitted access under this section shall be given reasonable opportunity to inspect the records in question and to make notes regarding them, but not to remove them or to make copies of them. Removal or copying shall be only upon the express written permission of the Executive Committee.

B) ACCESS BY PERSONS PERFORMING OFFICIAL HOSPITAL OR MEDICAL STAFF FUNCTION

- 1) Medical Staff Officers: Medical Staff Officers shall have access to all Medical Staff files.
- 2) QA Committee: Screening of committee minutes shall be performed to evaluate any noticeable trends or identified problem areas. The Director of Medical Staff Services shall be responsible for:
 - a) Committee minutes: The physician chairman of the QA Committee shall review minutes of committee meetings monthly or as often as the committee meets.

- b) Results of review shall be reported to the Quality Assurance Committee (Regarding identified trends or problem areas) for their recommendations.

	EFFECTIVE DATE: 2/11/82
FORMULATED BY: Executive Committee: 1/14/82	DATE REVISED: 5/8/86; 2/1/88; 12/12/91; 6/94; 7/97; 9/1/2004
ADMINISTRATIVE APPROVAL: Terri Schnieder, CPMSM, Director	DATE REVIEWED: 2/11/88; 12/12/91/7/97; 9/11/2002; 11/2003; 11/2004; 11/2005; 2/2007
APPROVAL:	



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- 1) Trends or problem areas relative to the Medical Staff shall be forwarded to the appropriate Medical Staff committee for further review and resolution.
- 2) Trends or problem areas relative to employees/departments shall be forwarded to the appropriate administrative supervisor for further review and resolution.
- 3) Medical Staff Committee Members: Medical staff committee members shall have access to the files of committees on which they serve.
- 4) Chief Executive Officer or Designated Representative: The Chief Executive Officer or his designated representative shall have access to all medical staff records.
- 5) Medical Staff Service Members: The Medical Staff service chiefs and other members of the service to the extent that they are involved in a credentialing or peer review process conducted pursuant to the Medical Staff Bylaws shall have access to the files of the service committee on which they serve and the credentials and peer review files of the practitioners under evaluation.

C) GENERAL ACCESS BY PRACTITIONERS TO MEDICAL STAFF RECORDS

- 1) Credentials and Peer Review Files: Upon request, a practitioner shall be afforded a copy of any document in the credentialing and any peer review file concerning him/her if the document was submitted by him/her (for example, an application for medical staff membership or correspondence) or if the document was addressed to him/her or if its author had provided a "cc" to him/her.
- 2) Medical Staff Committee Files: A practitioner shall have access to Medical Staff committee files only if, following a written request by the practitioner, the Medical Staff Executive Committee grants permission upon a showing of good cause.

ACCESS BY PERSONS OR ORGANIZATIONS OUTSIDE OF THE HOSPITAL OR MEDICAL STAFF

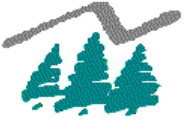
A) Credentialing or Peer Review at other Hospitals

Any request for credentialing or peer review information by another institution should be presented in writing. No information shall be released until a copy of a release signed by the subject practitioner has been received from the requesting institution.

B) Other Requests

All other requests by persons or organizations outside of the hospital for information contained in the Medical Staff records shall be forwarded to the Chief Executive Officer. Any such request shall be in writing and shall be accompanied by a release signed by the concerned practitioner. The release of any such information shall require the concurrence of the Chief of Staff and the Chief Executive Officer.

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C) Suppoenas

All subpoenas of Medical Staff records shall be referred to the Chief Executive Officer.

RESPONSIBILITIES OF MEMBERS OF THE MEDICAL STAFF

Recognizing the importance of preserving the confidentiality of information, all individuals covered by this policy agree to respect the confidentiality of all information obtained in connection with their responsibilities. This requirement of confidentiality extends not only to the information contained in the physical files of the Medical Staff, but also to the discussions and deliberations, which take place within the confines of Medical Staff committees.

MEDICAL STAFF MANAGEMENT ANALYSIS PROGRAM

The activities of the Quality Assurance Department are a function of the Medical Staff, and as such, are protected under California State Evidence Code 1157.

Through Medical Management Analysis screening, audit and review of minutes, trends of problem areas are disclosed. These trends are reported to the Quality Assurance Committee and become part of the committee minutes.

Medical Management Analysis screening worksheets will be maintained for a period of three months. After this time, they will be destroyed.

Audits are maintained as a permanent part of the Quality Assurance Committee records.

All trends and problem areas disclosed by screening will be treated by all Quality and Regulations Department personnel as confidential information and not to be disclosed.

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