


<p><b>Name of Policy:</b> <u>Confidentiality and Access to Credentials Files and Medical Staff Minutes</u></p> <p><b>Policy Number:</b> 3364-87-01</p> <p><b>Approving Officer:</b> Chief of Staff Medical Director</p> <p><b>Responsible Agent:</b> Medical Director</p> <p><b>Scope:</b> All University of Toledo Campuses</p>	 <p><b>Effective date:</b> 03/08/00</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center and its Medical Staff that the practitioner credentials files, committee, service, and Medical Staff meeting minutes, reports and discussions are confidential. This policy provides guidelines for release of medical staff information.

(B) Purpose of policy

To establish who has access to medical staff information, how this information is secured, and guidelines for release of medical staff documents.

(C) Procedure

(1) Location and Security Precautions

All Medical Staff records will be maintained in the Medical Staff Office, under the custody of the Director of Medical Staff Services. The Medical Staff Office will be locked except during those times that the Director or an authorized representative is present and able to monitor access in accordance with the policy. Medical Staff records will only be released from the Medical Staff Office in accordance with this policy.

Electronic versions of medical staff records will be maintained on secure, password-protected computers in the Medical Staff Office, or on password-protected or restricted access network data drives.

(2) Confidentiality: Use of Information

All Medical Staff records shall be confidential. This requirement of confidentiality extends not only to the information documented but to discussions and deliberations concerning this information. Confidential information shall be disclosed only to those persons and for

the purposes set forth in Section F below. Confidential information shall be used only in aid of the purposes for which it was disclosed, and shall not be used for any other purposes. Confidentiality must be maintained for subsequent use of the information, and is the responsibility of the person requesting the information and anyone receiving the information.

(3) Documenting Performance Improvement and Other Peer Review Activities

- (a) Records of performance improvement and utilization review proceedings are maintained in the Quality Management Department and the Medical Staff Office. These records are confidential under Ohio statutes. Access to these records must be obtained through the Quality Management Department or Medical Staff Office in accordance with any institutional or departmental policies.
- (b) Peer review, appointment and reappointment applications and profiles are stored in peer review and credentials files maintained in the Medical Staff Office. This information is considered confidential and privileged under the Ohio peer review statute.

(4) Distribution of Committee, Service, and Medical Staff Minutes

All committee, service, and Medical Staff minutes shall be considered confidential. Committee chairmen, Clinical Service Chiefs, and the appropriate medical staff leader(s) shall have discretion over the distribution of minutes or portions of minutes. When such minutes are distributed special precautions shall be utilized to ensure confidentiality. The minutes shall be stamped "CONFIDENTIAL" and distributed in an envelope or folder also marked "CONFIDENTIAL". Minutes which are considered sensitive in content shall be available for review in the Medical Staff Office by those granted access and/or distributed at the subsequent meeting; collected and destroyed at the conclusion of the meeting.

(5) Means of Access

All requests for information by persons within the hospital and medical staff shall be presented to the Director of Medical Staff Services, or authorized representative. A record of all requests made and granted shall be maintained. Those requests which require notice to, or approval by, other officials shall be forwarded to those persons by the Director, or authorized representative. The request for any copies of records, or information contained in the records, from the Medical Staff Office by patients, general public, press, etc. should be referred to the Chief of Staff. The Chief of Staff may seek legal counsel before releasing confidential information.

(6) Access by Persons Performing Official Hospital or Medical Staff Functions

Access to information contained in medical staff records to the extent necessary to perform official functions shall be permitted to:

- (a) Officers of the Medical Staff
- (b) Clinical Service Chiefs
- (c) Medical Staff Committee Members
- (d) Members of the Board of Trustees
- (e) Medical Staff Office Personnel
- (f) Quality Review Personnel
- (g) Executive Director of the University Medical Center
- (h) Medical Director

<p>Approved by:</p> <hr/> <p>Christopher K. Lynn, M.D. Chief of Staff</p> <hr/> <p>Ronald McGinnis, M.D. Medical Director</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Credentials Committee Medical Executive Committee</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>MS-001 Confidentiality and Access to Credentials Files and Medical Staff Minutes</i></li></ul> <p><b>Review/Revision Date: 02/21/04 05/09/07</b></p> <p><b>Next review date: 05/09/10</b></p>
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