Letter to the Editor

Medical Records Privacy

Why are we going backwards on the subject of Privacy of Medical Records?

The proposed changes to the HIPAA privacy rule announced two weeks ago by the Department of Health and Human Services (HHS) loosen restrictions on providing care before obtaining consent and discussing patient care out loud with other clinicians.

Just as the MD credential obligates Medical Doctors to adhere to the tenets of the Hippocratic Oath, the credential of RHIA obligates Registered Health Information Administrators to tenaciously protect the confidentiality of private medical information on behalf of patients at all times. Because there was never Federal regulation to protect this private health information, this has been a challenging task at best. Also, patients have not always been aware of how their medical information was being used and what they could do to direct that use.

Fortunately, the HHS along with the Office of Civil Rights have been strategically positioned by the HIPAA Privacy standards to improve this legacy while expediting patient care and payment to providers for that care. That was, until March 22, 2002.

Don’t forget that as a country, we have invested somewhere between $10 and $15 billion dollars on healthcare information technology since 1996. Healthcare professionals have made the collection of patient data, the conversion of that data into useful information and access to that information infinitely simpler than anytime in the past. Our government had the foresight to know that with this massive investment, we needed a system to protect this easily accessible information in the spirit of ensuring the “zone of privacy” it seeks to provide its citizens through various laws regarding private information.

We should proceed cautiously in modifying the HIPAA privacy regulations. Recall the original intent of these privacy regulations with these examples from the Federal Register of December 28, 2000:

- 35% of Fortune 500 companies look at an applicant’s medical records prior to making hiring decisions
- A Health System posted records of thousands of patients on the Internet
- A Health Department employee took a disk with the names of 4,000 people who had tested positive for HIV
- A woman purchased a computer that still contained prescription records of pharmacy customers
- A banker who also sat on a county health board gained access to patients cancer records and called in their mortgages

Do we really need more evidence than this that we should not allow the other protections (e.g., civil monetary penalties, imprisonment for using or selling protected health information for personal advantage, personal gain or malicious harm) provided in the HIPAA privacy regulations to be carved away until we find ourselves back at square one?

Administrative simplification was the original intent of the HIPAA regulations. Those of us responsible for running and operating healthcare organizations have questioned this as we have learned more about the arduousness of implementing various HIPAA provisions. It isn’t going to be easy. As leaders, it’s time for us to step up and figure out how best to implement these regulations, share the successful methods for doing so with our colleagues in the healthcare community and maintain the protections that we as citizens have been provided.

Beth A. Kost, RHIA
Corporate Compliance Officer
Vice President, Professional Services
Precyse Solutions

Editor’s Note:

Beth Kost has worked in Health Information Management for more than 16 years. She has served as a Senior Consultant for Ernst & Young in its Health Care Consulting Practice in Washington D.C. Kost joined Precyse in 1998. In 1999, she became Chief Operating Officer and in 2002 she joined the corporate team as Vice President of Professional Services. HIPAA and Corporate Compliance Officer. Kost is a graduate of Bowling Green State University.