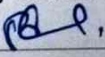
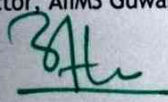
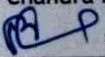


AIIMSGHY Hospital	Doc No.	E/NABH / AIIMSGHY / IMS.3.b./ 16
	Issue No.	01
	Rev. No.	00
POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE	Date	14/12/2025

POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
GUWAHATI



ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
GUWAHATI

Document Name:	POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE
Document No.:	E/NABH / AIIMSGHY/ IMS 3.b./ 16
No. of Pages:	07
Date Created:	14/12/2025
Date of Implementation:	14/12/2025
Prepared By:	Designation: Assistant Professor, Hospital Administration Name: Biraj Chandra Paul Signature: 
Approved By:	Designation: Executive Director, AIIMS Guwahati Name: Prof. Ashok Puranik  Signature:
Responsibility of Updating:	Designation: Assistant Professor, Hospital Administration Name: Biraj Chandra Paul Signature: 



AIIMSGHY Hospital	Doc No.	E/NABH / AIIMSGHY / IMS.3.b./16
	Issue No.	01
POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE	Rev. No.	00
	Date	14/12/2025

Control of the Manual

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. Administrative Manager is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the Administrative Manager.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue
		

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

Distribution List of the Manual

Sr. No.	Designation
1.	Executive Director
2.	Medical Superintendent, Principal College of Nursing
3.	All HODs for departmental Distribution

AIIMSGHY Hospital POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE	Doc No.	E/NABH / AIIMSGHY / IMS.3.b./16
	Issue No.	01
	Rev. No.	00
	Date	14/12/2025

Contents

Sr. No.	Topics
1.0	Purpose
2.0	Responsibility
3.0	Procedure/Policy
4.0	Record Generated
5.0	Reference

IMS - POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE

1. PURPOSE

AIIMS Guwahati has a policy to define confidential patient information, which includes written and electronic medical records, and to provide clear guidelines for preserving confidentiality.

The purpose of this policy is:

- To maintain confidentiality of medical records
 - To prevent tampering of records
 - To prevent misuse of patient information by unauthorized persons
 - To ensure regulated, traceable and lawful access to medical records
-

2. RESPONSIBILITY

- Hospital Management
 - Medical Superintendent
 - Faculty In-charge, Medical Records Department (MRD)
 - Medical Record Department Officer (MRDO)
-

AIIMSGHY Hospital	Doc No.	E/NABH / AIIMSGHY / IMS.3.b./ 16
	Issue No.	01
POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE	Rev. No.	00
	Date	14/12/2025

3. PROCEDURE

3.1 Retrieval and Release Process of Medical Records

While retrieving and releasing medical records to internal and external requesters, the following procedure shall be strictly followed:

3.1.1 Application and Approval Process

- i. A **written application** along with a **valid government-issued photo ID proof** shall be submitted to the MRD Officer.
- ii. The MRD Officer shall forward the application to the **Faculty In-charge MRD / Medical Superintendent** for approval.
- iii. Medical records shall be released **only after written approval** by the competent authority.
- iv. Only **photocopies / scanned copies** of medical records shall be issued. **Original medical records shall not be released** under any circumstances, except on receipt of a court order/request by investigating police officer.
- v. All released copies shall be **certified as "True Copy"** by the MRD Officer and handed over only after taking receiving.

3.1.2 Documentation in Retrieval Register

The MRD Officer shall document the following details in the **Medical Record Retrieval Register** at the time of issue and return:

- Patient Name
- Medical Record (MR) Number
- IP Number / OP Number
- Date of application
- Name of the applicant
- Reason for request
- Date of authorization
- Number of pages issued
- Date of issue
- Date of return (where applicable)
- Signatures of recipient at the time of issue and return

AIIMSGHY Hospital	Doc No.	E/NABH / AIIMSGHY / IMS.3.b./ 16
	Issue No.	01
POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE	Rev. No.	00
	Date	14/12/2025

3.2 Release of Medical Records for Specific Purposes

3.2.1 Release to Patient / Authorized Representative

- Medical records shall be released only on **written authorization from the patient or legal heir**, with identity verification.

3.2.2 Release for Research Purposes

- If medical records are requested for **research purposes**, the following are mandatory:
 - Approval from the **Institute Ethics Committee (IEC)**
 - Written approval from the **Medical Superintendent**
- Files issued for research shall be provided **for a maximum period of 48 hours only**.
- Records must be returned in original condition within the stipulated period.

3.2.3 Release to Investigating Agencies / Courts

- When records are requested by:
 - Investigating Police Officer
 - Hon'ble Court of Law

The MRD shall:

- Provide **certified true copies only**
- Maintain a copy of the request and acknowledgment in MRD
- Ensure compliance with legal directives

3.4 Confidentiality and Control Measures

- Access to medical records shall be **restricted to authorized personnel only**.
- All disclosures shall comply with the **Code of Medical Ethics** and applicable laws.
- Unauthorized access, copying, photography, or disclosure of medical records is strictly prohibited.
- All movements of records shall be **traceable and auditable**.

4. RECORD GENERATED

AIIMSGHY Hospital	Doc No.	E/NABH / AIIMSGHY / IMS.3.b./ 16
	Issue No.	01
POLICY ON MEDICAL RECORD ACCESS, RETRIEVAL AND RELEASE	Rev. No.	00
	Date	14/12/2025

1. Application for Medical Records
 2. Medical Record Retrieval Register
 3. Authorization Approval Records
-

5.0 REFERENCE

- NABH: Pre-Accreditation Entry Level Standards for Hospitals, First Edition, April 2014