

AIIMSGHY Hospital

**POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING**

Doc No.

E/NABH /AIIMSGHY/ IMS 03 /14

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01

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


Date

12/12/2025

POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,**  
**GUWAHATI**



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AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
	Issue No.	01
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<b>POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING</b>	Date	12/12/2025

### 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

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Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
Issue No.	01
Rev. No.	00
Date	12/12/2025

**Contents**

Sr. No.	Topics
1.0	Purpose
2.0	Scope
3.0	Responsibility
4.0	Abbreviation
5.0	Reference
6.0	Policy
7.0	Record Generated

**IMS - POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING**

**1.0 PURPOSE**

To ensure effective collection, storage, retrieval, confidentiality, integrity, and security of patient medical records and information, and to ensure compliance with NABH standards, Code of Medical Ethics, and applicable legal requirements.

**2.0 SCOPE**

This policy applies to:

- Hospital Management
- Health Care Providers
- Medical Records Department
- IT Department
- TPA / Insurance Companies
- Patients

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
	Issue No.	01
	Rev. No.	00
	Date	12/12/2025
<b>POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING</b>		

- Government and Legal Agencies

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### 3.0 RESPONSIBILITY

- Doctors
- Nursing Staff
- IT Staff
- Medical Records Department (MRD)
- Medical Superintendent / Faculty In-charge MRD

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### 4.0 ABBREVIATIONS

- **NABH** – National Accreditation Board for Hospitals and Healthcare Providers
- **IMS** – Information Management System
- **AAC** – Access, Assessment and Continuity of Care
- **IP** – Indoor Patient
- **OP** – Outdoor Patient
- **HMIS** – Hospital Management Information System
- **MRD** – Medical Records Department
- **MLC** – Medico-Legal Case

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### 5.0 REFERENCE

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

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### 6.0 POLICY

#### 6.1 Processes for Effective Management of Data

##### 6.1.1 Management of Data

- All forms and formats for data collection are standardized, controlled, and approved by management.
- Data collected is analyzed regularly by the Medical Audit Team.

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
<b>POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING</b>	Issue No.	01
	Rev. No.	00
	Date	12/12/2025

- Analyzed data is presented to top management by Quality Managers for decision-making and improvement.

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#### 6.1.2 Timely and Accurate Dissemination of Data

- Information dissemination supports clinical decision-making, management planning, and policy formulation.
- Information is shared strictly on a **need-to-know basis**, ensuring confidentiality.
- The organization recognizes the **right to information** while balancing ethical and legal responsibilities.

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#### 6.1.3 Storage and Retrieval of Data

- Medical records are stored in areas free from dust, insects, rodents, moisture, and fire hazards.
- Regular pest and rodent control measures are implemented through authorized external agencies.
- All Medico-Legal Case (MLC) records, Birth and Death records are stored **under lock and key**.
- **Fire extinguishers** are installed in MRD.
- The MRD is under **restricted access, CCTV surveillance, and security coverage**.
- Electronic backups are maintained in MRD Module of Hospital Information System.

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#### 6.1.4 MRD Access and Working Hours

- Only **authorized MRD personnel** are permitted entry into MRD record storage areas.
- MRD working hours: **09:00 AM to 05:00 PM**, from Monday to Friday and 09:00 AM to 01:00 PM on Saturday and closed on government holidays and Sundays.
- After working hours:
  - MRD is locked
  - Keys are deposited in the hospital key room

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#### 6.1.5 Movement and Tracking of Records

- Movement of patient files in and out of MRD is documented in register.

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
	Issue No.	01
	Rev. No.	00
	<b>POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING</b>	Date

- Tracer cards are placed when records are retrieved to enable tracking.
- Return of records is ensured by the Medical Record Officer (MRO)/In charge MRO.

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## 6.2 Completeness and Accuracy of Medical Records

### 6.2.1 Unique Patient Identification

- Every patient is assigned a **Unique Hospital Identification Number (UHID)**.
- A registration card is issued and must be produced during every hospital visit.

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### 6.2.2 Authorized Entries in Medical Records

- Only authorized personnel may make entries.
- Each entry must include:
  - Name
  - Signature
  - Date and time

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### 6.2.3 Documentation Standards

All entries must be:

- Legible
- Written in blue/black indelible ink
- Dated and timed
- Signed and authenticated
- Chronological
- Patient-identified on every page

**Errors:**

- Single line strike-through
- Marked "ERROR"
- No erasing, overwriting, or correction fluid permitted

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
	Issue No.	01
	Rev. No.	00
	<b>POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING</b>	Date

#### 6.2.4 Content Reflecting Continuity of Care

Medical records shall include:

- Reason for admission, diagnosis, and plan of care
- Initial and ongoing assessments
- Nursing documentation
- Operative and procedural details
- Medication administration records
- Transfer notes (date, reason, receiving facility)
- Discharge instructions
- Discharge summary (signed/countersigned)
- Death summary (cause, date, time, clinician signature)

Duty doctor notes must be **countersigned by consultant within 24 hours.**

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#### 6.3 Assembly Order of Case Sheets

1. Discharge Summary
2. Case Sheet
3. Doctor's Continuation Sheet
4. Procedure Consent Forms
5. Pre-Operative Checklist
6. Post-Operative Checklist
7. TPR Chart
8. Intake / Output Chart
9. Drug Chart
10. Nurses' Notes
11. Investigation Reports
12. General Consent

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#### 6.4 Confidentiality, Security, and Integrity of Information

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
	Issue No.	01
	Rev. No.	00
<b>POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING</b>	Date	12/12/2025

- Medical records are **confidential documents** protected under the Code of Medical Ethics.
- No information shall be disclosed without:
  - Written patient consent **and**
  - Authorization from hospital management

**Exceptions:**

- Court orders
- Legal requirements
- Insurance claims
- MLC cases

**6.4.1 Release of Information**

- Disclosure to relatives only with patient authorization.
- Requests for access entertained only with **written approval from MS Office.**
- Visiting doctors may access records only after referral by treating consultant.

**6.4.2 Record Removal Restrictions**

- Original medical records **shall not be removed** from hospital premises except by court order.
- Records are stored in care areas inaccessible to unauthorized persons.
- During transport, records must never be left unattended.

**6.4.3 Electronic Data Security**

- Password protection and access control implemented.
- Unauthorized access to electronic systems is prohibited.

**6.5 Verification and Archival**

- All IPD files are verified by MRD for completeness and correctness before archival.
- Files are scanned and stored as soft copies at **two separate hospital locations.**

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ IMS 03 /14
	Issue No.	01
	Rev. No.	00
<b>POLICY ON MEDICAL RECORD CONFIDENTIALITY AND RECORD KEEPING</b>	Date	12/12/2025

#### 7.0 RECORDS GENERATED

- Admission Forms
  - Case Sheets
  - Investigation Reports
  - Consent Forms
  - Discharge Summaries
  - Death Summaries
  - Issuing Slips / Tracer Cards
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