

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	Date Written or Last Revision: Oct 2012
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I. PURPOSE

This policy provides for the confidentiality of all records maintained by or on behalf of the Medical Staff ("Medical Staff Records")/Advance Practice Professional Staff (APP), including the records and minutes of all Medical Staff Committees, the credentials/quality and/or peer review files concerning individual practitioners (including APPs), and the records of all Medical Staff credentialing/peer review and performance improvement activities for both Stanford Hospital and Clinics and Lucile Packard Children's Hospital.

II. POLICY

The Medical Staffs and Hospitals recognize that it is vital to maintain the confidentiality of Medical Staff Records. Medical Staff members and APPs participate in credentialing/quality/peer review and performance improvement activities and rely upon the preservation of confidentiality. The members of the Medical and APP Staffs understand and agree that the confidentiality of these activities and of all Medical Staff Records is to be preserved and that these communications, reports, and records will be disclosed only in the furtherance of those credentialing/peer review and performance improvement activities, and only in accordance with this policy and the law. This requirement of confidentiality extends to: 1) the records and minutes of all Medical Staff Committees, 2) the records of all Medical Staff credentials/peer review files concerning individual practitioners, including APPs, and 3) the discussions and deliberations which take place within the confines or under the aegis of Medical Staff Committees.

III. PROCESS/PROCEDURE

A. Location and Security Precautions

All Medical Staff Records for Stanford Hospital and Clinics and Lucile Packard Children's Hospital shall be maintained in Medical Staff Services under the custody of the Medical Staff Services Department. The Medical Staff Services Department will be locked except during those times that the office staff is present and able to monitor access in accordance with this policy. The records are kept in a locked file room at all times. Access is granted via a combination code which is only available to Medical Staff Services staff. Medical Staff Records will only be released from that office in accordance with this policy.

B. Means of Access

1. Access by Persons Within the Hospital and Medical Staff

All requests for Medical Staff Records by persons within the Hospital and Medical Staff shall be presented to the Director or Manager of Medical Staff Services. Those requests which require notice to, or approval by, other officials shall be forwarded to those persons by the Director of Medical Staff Services. A person permitted access under this policy shall be given a reasonable opportunity to inspect the records in question and to make notes, but will not be allowed to remove them from Medical Staff Services or to make copies of them. Removal or copying shall only be allowed upon the express permission of the Chief of Staff or his/her designated representative.

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2. Access by Persons Performing Official Hospital or Medical Staff Functions:

Medical Staff Officers, the Chief of Staff, Medical Staff Committee members, members of the Board of Directors, the President and CEO or authorized representative, the Director of Medical Staff Services, HMO Representatives and other Payers, and any other persons assisting in credentialing/peer review or performance improvement activities may have access to Medical Staff Records, other than their own, to the extent necessary to perform their official functions as follows:

a. Department Head/ Service Chief/ Division Head

b. Medical Staff Officers

Medical Staff Officers shall have access to all Medical Staff Records to the extent necessary to perform their official functions.

c. Medical Staff Committee Members

Medical Staff Committee members shall have access to the records of Committees on which they serve and to the credentials/quality/peer review and performance improvement files of practitioners whose qualifications or performance the Committee is reviewing as part of its official functions.

d. Board of Directors/Designated Representative

The Board of Directors, and the President and CEO of either Hospital, as its designated representative, shall have access to the Medical Staff Records to the extent necessary to perform their official functions.

e. Medical Staff Services Department Staff

The Medical Staff Services staff shall have access to the Medical Staff Records to the extent necessary to perform official functions.

f. Health Plan Representatives and Other Payers

Health Plan representatives and other payers will be permitted access to perform audits in accordance with the Credentialing of Medical Staff policy

g. In accordance with the SHC/LPCH/SOM Information Sharing Policy, elements of the Medical Staff Record may be shared with the SOM, SHC, or LPCH.

3. General Access by Practitioners to Medical Staff Records

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a. Credentials/Quality Files

A practitioner will have access to the credentials/quality files of other practitioners only under the circumstances outlined above. A practitioner may have copies of any documents in the credentials/quality file which he or she submitted (that is, his or her initial appointment application, application for reappointment, request for privileges, copies of licensure and certifications, or correspondence from himself or herself) or which were addressed to him or of which copies were earlier provided to him or her. A practitioner will be allowed access to further information in his or her credentials/quality file only if, following a written request by the practitioner, the Director of Medical Staff Services, Medical Staff Officer or their designated representative grant written permission for good cause. Examples of information that could be released to the practitioner are patient volume reports and/or quality performance profiles.

b. Medical Staff Committee Files

Except as provided above, a practitioner shall be allowed access to Medical Staff Committee files (including Committee minutes) only if, following a written request by the practitioner, the Chief of Staff/President of the Medical Staff or its designated representative, grant written permission for good cause.

Minutes from Medical Staff Committees can be distributed electronically and are protected from discovery under CA 1157. All committee minutes are maintained electronically.

c. Good Cause

Factors to be considered in determining whether good cause exists include the reasons for which access is requested, whether the practitioner might further release the information, whether the information could be obtained in a less intrusive manner, whether the information was obtained in specific reliance upon continued confidentiality, whether the practitioner will suffer specific serious adverse consequences unless the information is released, and whether a harmful precedent might be established by the release.

4. Access By Persons Or Organizations Outside The Hospital Or Medical Staff

a. Credentialing or Peer Review at other health care facilities

1) Information contained in a credentials/quality file, or other information which is subject to this Policy, may be released in response to a request from another health care facility or its Medical Staff (verification of the provider's medical staff membership and/or clinical privileges). That request must be limited to include information that a practitioner is a member of the requesting facility's Medical Staff, exercises privileges at the requesting facility, or is an applicant for Medical Staff membership or privileges at that facility. No adverse information shall be released until a copy of a signed authorization, and release from

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liability, has been received. Disclosure shall generally be limited to the specific information requested.

- 2) If a practitioner has been the subject of corrective action at Stanford Hospital and Clinics or Lucile Packard Children's Hospital, special care must be taken. All responses to inquiries regarding that practitioner shall be reviewed and approved by the Director, Medical Staff Services and/or Chief of Staff/President or his or her designee. No adverse information will be released without legal consultation.

b. Request by Hospital Surveyors

Hospital surveyors (from the TJC, NCQA, AAAHC, CMA, DHS, DPH, CMS or any other Hospital Surveyors) shall be entitled to inspect Medical Staff Records on the Hospital premises in the presence of Hospital or Medical Staff personnel provided that: 1) no originals or copies may be removed from the premises; 2) access is only with the concurrence of the Chief of Staff/President or designee; and (3) the surveyor demonstrates the following:

- 1) Specific statutory, regulatory, or other authority to review the requested materials.
- 2) That the materials sought are directly relevant to the matter being investigated.
- 3) That the materials sought are the most direct and least intrusive means to carry out the survey or a pending investigation, bearing in mind that credentials/quality files regarding individual practitioners are strictly confidential.
- 4) Sufficient specificity to allow for the production of individual documents without undue burden to the Hospital or Medical Staff.
- 5) In the case of requests for documents with practitioner identifiers not eliminated, the need for such identifiers is clear.

c. Subpoenas

All subpoenas of Medical Staff Records shall be referred to the Chief of Staff/President or Risk Management Department, who will consult with legal counsel and follow hospital policy regarding the appropriate response.

d. Other Requests

All other requests by persons or organizations outside the Hospital for information contained in the Medical Staff Records shall be forwarded to the

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Medical Staff Services Department. The release of any such information shall require the concurrence of the Chief of Staff/President or its designated representative.

A. IV. RELATED DOCUMENTS

- Stanford Hospital and Clinics Medical Staff Bylaws, Rules and Regulations
- Lucile Packard Children's Hospital Medical Staff Bylaws, Rules and Regulations
- Credentials Policies and Procedures
- SHC/LPCH Information Sharing Policy

V. DOCUMENT INFORMATION

A. Legal Authority/References

California Evidence Code 1157

B. Author/Original Date

Original Date: July 31, 1997

This Policy was authored by the Director, Medical Staff Services.

C. Gatekeeper of Original Document

The Director of Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Office.

D. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Medical Staff Services Department.

E. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History

Revised/Reviewed Date: 4/98

Revised/Reviewed Date: 5/2000

Revised/Reviewed Date: 12-02, 4-04, 12/06, 8/12

G. Local Approvals

Credentials and Privileges Committee, 5/17/00, 12/02, 4/04, 11/06, 9/12

H. MEC and Hospital Board Approvals

July 2000, December 2002, 5-04, 12/06

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LPCH Policy Committee Jan 2010, 8/12
 LPCH MEC Jan 2010, 9/12
 LPCH Hospital Board Jan 2010, 9/12

SHC MEC Jan 2010, 10/12
 SHC Hospital Board Jan 2010, 10/12

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Direct inquiries to:
 Director, Medical Staff Services, (650) 497-8920
 SHC and LPCH

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APPENDIX A

I. Confidentiality and Notification Statement

I have requested that I be allowed to inspect Medical Staff credentialing/peer review or performance improvement records. In recognition of Medical Staff confidentiality and the importance of such confidentiality to the performance of effective credentialing, performance improvement, and peer review, and in recognition that the information in these records was both generated and disclosed to me in reliance upon that confidentiality, I understand that I am expected:

1. To preserve the confidentiality of those records to the extent allowed by law, disclosing that information only as necessary for completion of the peer review process; and
2. To notify the Hospital prior to any further disclosure of that information outside the purpose stated below, whether pursuant to subpoena or otherwise, and to cooperate with any efforts of the Hospital to contest that disclosure.
3. Reason for review:

Signature of Reviewer

Printed Name

Date