



1250 Sixteenth Street  
Santa Monica, California 90404

**MEDICAL STAFF SERVICES**

**CONFIDENTIALITY OF MEDICAL STAFF RECORDS**

**MS 110**

Manual	Medical Staff	<i>Effective Date</i>	01/2004
Policy #	MS 110	<i>Review</i>	2010, 2014
		<i>Responsible Person</i>	Manager, Medical Staff Services

**PURPOSE:**

It is the express purpose of this policy to enhance quality patient care within Santa Monica - UCLA Medical Center by encouraging beneficial quality assessment, performance improvement, and peer review activities among the members of the medical staff and appropriate Medical Center personnel.

**POLICY:**

It is the policy of the medical staff to maintain, to the fullest extent possible, in accordance with California law, the confidentiality of all medical staff records and discussions relating to credentialing, quality assessment, performance improvement, and peer review activities of its medical staff. Disclosure of any such records, information, and/or communications shall be permitted only as described in this policy.

**GENERAL APPLICATION:**

This Medical Staff policy shall apply to all records maintained by, or on behalf of, the Medical Center’s medical staff. These shall include but not be limited to, the credentials and peer review files of individual practitioners; the records and minutes of all medical staff committees and clinical services, and the records of all medical staff credentialing, quality assessment, performance improvement, and peer review committees, groups and activities. This policy shall also apply to any and all discussions and/or deliberations regarding credentialing quality assessment, performance improvement, and peer review committees, groups and activities conducted under the Medical Center’s authority.

**PROCEDURE:**

- A. Maintenance of Medical Staff Minutes and Records as Confidential
  - 1. Minutes and records of medical staff committees or clinical services pertaining to credentialing, quality assessment, and/or peer review matters shall be maintained as strictly confidential. All such records or reports shall be identified and marked with the following statement: Confidential peer review records subject to protection under section 1157 of the California evidence code. Do not remove from meeting room and/or redistribute.
  - 2. Minutes and records of medical staff committees shall be maintained in an orderly and easily accessible fashion in the Medical Staff Office (“MSO”), under the direct custody and control of the Manager, Medical Staff Services, or his or her designee.
  - 3. Sensitive documents distributed in the course of a committee shall be numbered (or otherwise marked or identified) to ensure that all copies are retrieved and, if appropriate,

shredded at the conclusion of the meeting. The original documents shall be securely maintained in the MSO in a confidential, locked area.

B. Confidentiality Statements

A signed confidentiality agreement is required of all Medical Staff members who serve on Medical Staff Committees and any non-members who are present at Medical Staff Committee meetings.

C. Location and Security

All medical staff records shall be maintained by the medical staff under the care and custody of the Manager, Medical Staff Services. All medical staff records shall be kept locked except when MSO personnel are available to monitor access to the records in accordance with this policy.

D. Medical Staff Records

1. Individual Practitioner Files

- (a) The file maintained by the MSO
- (b) The Quality Profile maintained by the MSO which will contain:
  - Correspondence
  - Quality profile
  - Privileges
  - Sign-off sheet
  - Letter of appointment/reappointment

2. Records of Medical Staff Committees and Departments

Minutes and related documents  
Medical Staff Organization general documents  
Records of Ad Hoc Committees

3. Medical Staff Database

A listing of those individuals who have access to the medical staff database will be maintained by the Information System Manager for Quality Management Services at the Westwood campus. This listing will be reviewed at least annually or as needed with the Manager, Medical Staff Services, to ensure all permissions for access are current and appropriate.

E. Access to Medical Staff Records

All requests for access to medical staff records shall be presented to the Manager, Medical Staff Services, or his or her designee, who shall keep a record of requests made and granted.

Access to medical staff records, as permitted pursuant to this policy, shall only be granted after the individual requesting access has signed and dated the appropriate Confidentiality Agreement. The original agreement shall be retained by the Medical Staff Coordinator for that Committee.

Unless otherwise stated, an individual permitted access under this section shall be afforded a reasonable opportunity to inspect the records requested and to make notes regarding them, in the presence of the Manager, Medical Staff Services, or his or her designee. In no case shall an individual remove the records (or portions thereof) from the MSO or make copies of them, without the express permission of the Manager, Medical Staff Services, or the Chair of the appropriate medical staff committee.

1. *Access by Individuals Performing Official Medical Center or Medical Staff Functions*

The following individuals shall be permitted access to medical staff records to the extent described:

- (a) The Manager, Medical Staff Services, shall have access to all medical staff records as needed to fulfill his or her respective responsibilities.
- (b) Medical staff officers shall have access to all medical staff records to the extent necessary for the performance of their duties.
- (c) Members of medical staff committees shall have access to the minutes and reports of the committees on which they serve as necessary to fulfill their responsibilities under the Medical Staff Bylaws.
- (d) Department Chairs shall have access to all medical staff records relating to the activities of individuals seeking or exercising privileges in the respective departments. Department Chairs shall also have access to the credentials, quality assessment, and peer review files of individual practitioners whose qualifications and/or performance are being reviewed in their respective departments.
- (e) Consultants engaged by the Medical Center to assist a medical staff committee or department shall have access to the credentials, quality assessment, and peer review files of the practitioner being reviewed and to any other relevant medical staff records which are necessary to enable such consultants to perform their function as determined by the Medical Center.
- (f) The Vice Provost of Hospitals or his or her designee shall have access to those medical staff records necessary for the performance of his or her University functions.

2. Access by Members of the Medical Staff

(a) Credentials, quality assessment and peer review files

- i) A practitioner shall not have access to the credentials, quality assessment and peer review files of other practitioners, except as described in the preceding section.
- ii) A practitioner shall be permitted access to, and copies of, those items in his or her personal credentials, quality assessment and peer review files that he/she submitted.

(b) Additional Information

Upon request, Department Chairs shall, at the time of reappointment, provide access to each practitioner to his or her individual summary quality improvement trend sheets and reports. Each member shall be permitted to attach a written explanation to any such QI trend sheets or reports at the time of reappointment.

3. Access by Third Parties (non-University Employees or non-Medical Staff Members); Written or Telephone Requests

- (a) If a practitioner has not been the subject of any recommendation or action pertaining to disciplinary or peer review actions, then designated individuals in the MSO may release information about a practitioner to another hospital or medical staff. All such disclosure shall be limited to the following information:

Name  
Specialty  
Date of Initial appointment  
Medical staff status  
Good standing as a medical staff member

- (b) If a practitioner has been the subject of any recommendation or action (and is therefore not in “good standing”), the request must be reviewed and approved by the Manager, Medical Staff Services, who may consult with legal counsel.

5. Requests from Regulators (including the Medical Board of California) and Accreditation Surveyors  
Requests for records covered by this policy from surveyors from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the federal Health Care Financing Administration, the state Department of Health Services, and/or the Medical Board of California, shall be immediately referred to University legal counsel for further disposition in accordance with applicable laws, regulations and/or accreditation standards.

Under no circumstances shall original or photocopied records be removed from Medical Center premises, unless there is shown to be explicit legal authority so requiring, which authority has first been reviewed by University legal counsel.

6. Subpoenas  
All subpoenas pertaining to medical staff records shall be referred to University legal counsel for review.

***APPROVAL***

Executive Medical Board: 01/1994

Governing Body: 01/1994

Review History

04/2010

04/2014