

**UTMB HANDBOOK OF OPERATING PROCEDURES**

Section 2	General Administrative Policies and Services	mm/dd/yy	-Effective
Subject 2.??	Policy Group	11//13/01	-Revised
Policy 2.???	<b>Name of Policy</b>	Compliance	-Kelso

## UTMB Medical Record and Medical Media Policy

**Audience**

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The information in this document applies to all UTMB faculty, staff, students, volunteers, and any other contractors or agents.

**Policy**

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UTMB must ensure a single unit medical record is comprised of all appropriate medical data generated on each individual UTMB patient for continuity of patient care and legal purposes. Any copies made of medical records for convenience (Case Management Records/Shadow Records) or any other copies made for a health care operation of UTMB must be tracked and secured just as if these copies were the institution’s official medical record.

**Definitions**

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Unit Medical Record (UMR): The official UTMB medical record maintained by the Department of Health Information Management (HIM) that contains UTMB’s original patient care documents. The UMR is designed to contain the written interpretations of all significant clinical information gathered for a given patient, whether as an inpatient, outpatient, or emergency care patient. The entire patient’s medical record is thus in one volume, or multiple volumes, under one hospital number. UMRs have a permanent retention schedule.

Subsidiary Medical Record (SMR): A medical record maintained by a specific department other than HIM department, which contains original documents concerning outpatient health care administered by UTMB health care providers to UTMB patients.

Case Management Records (CMR): These records are commonly referred to as shadow records. They are medical records maintained by a specific physician or department that includes only copies of original patient care information that has already been forwarded to HIM for inclusion in the UMR. These records are considered convenience copies only and have no record retention schedule. These records never contain original medical records.

Medical Media: Medical Media includes health information stored in any original media. Examples of Medical Media include, but are not limited to, x-rays, videotapes, ultra sounds, fetal monitor strips, photographs (either conventional photos or digital images) and EKG strips. These forms of Medical Media have unique retention schedules. The UMR must contain a written interpretation of all Medical Media. Medical Media is distinct from the written interpretations of significant clinical information that has been forwarded to the UMR.

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Designated Record Set: The designated record set includes the UMR, pharmacy records and billing records of patients. Additionally, the designated record set includes any records that UTMB or a Business Associate has used while making health care decisions. For example, medical records from non-UTMB sources used to make health care decisions.

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**Unit Medical Record**

A UMR shall be generated for each UTMB patient and HIM will maintain all UMRs.

1. All pertinent UTMB health care information created is to be documented on approved medical record forms. All proposed forms must be approved according to guidelines in **IHOP, Policy 9.2.8, Medical Records Forms Management**.
  2. Patient name and unit history number (UH#) are to be clearly printed or included on a label attached to each page of the medical information.
  3. Completed original medical record forms are to be forwarded to HIM immediately for inclusion in the UMR.
  4. Any UTMB employee who uses the UMR must ensure that PHI is maintained confidentially and must use only the minimum necessary amount of information required to complete the employee’s tasks.
  5. No one other than HIM can disclose information from the UMR, for purposes other than Treatment, Payment or health care Operations (TPO). Departments must forward non-TPO requests for PHI to HIM for processing. For additional information regarding the release of information, see both the *IHOP Policy XXXX Use and Disclosure of PHI based on Patient Authorization* and the *IHOP Policy XXXX Accounting for Disclosures*.
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**Subsidiary Medical Record**

UTMB prohibits departments or division from maintaining their own Subsidiary Medical Records. All original medical information must be sent to HIM for inclusion in the UMR.

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**Medical Media**

Medical Media refers to original information in any format that is used as a basis of a diagnostic test or report. The original written interpretation of the Medical Media data must be stored in the UMR.

1. Medical Media must be maintained in a manner that ensures the confidentiality of the PHI in accordance with JCAHO standards on medical record services, UTMB policies and procedures, and applicable federal and state laws.
2. Any department containing Medical Media must designate a Custodian for Medical Media and the department must obtain approval for maintaining the Medical Media from the Chief Operating Officer of the Hospital and Clinics prior to the creation of these records. Departments may request approval to maintain Medical Media by writing for permission from the Chief Operating Officer of the Hospital and Clinics.
3. Any and all requests for the release of PHI must be referred to HIM. PHI will not be disclosed from Medical Media, except for emergency purposes. Emergencies are determined by the professional judgment of the licensed treatment provider responsible for the patient. For more information regarding the release of information, please see the *IHOP Policy XXXXXXXXX, Use and Disclosure of PHI based on Patient Authorization*.
4. Medical Media may be audited at any time to verify adherence to this policy.
5. Audit results will be reported to the Privacy Officer. The Privacy Officer will make the recommendations to the Chief Operating Officer of the Hospital and Clinics regarding corrective action. Corrective action may include, but is not limited to, revocation of the privilege of maintaining Medical Media.

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**Case Management Records/Shadow Records**

Each UTMB department or entity that maintains CMRs must appoint a person (CMR Custodian) responsible for compliance with this policy. Health care information in the form of a CMR must be maintained as follows:

1. CMRs must be maintained in a manner that ensures the confidentiality of the PHI in accordance with JCAHO standards on medical record services, UTMB policies and procedures, and applicable federal and state laws.
2. Any and all requests for the release of PHI must be referred to HIM. PHI will not be disclosed from CMRs, except for emergency purposes. Emergencies are determined by the professional judgment of the licensed treatment provider responsible for the patient. For

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more information regarding the release of information, please see the *IHOP Policy XXXXXXXX, Use and Disclosure of PHI based on Patient Authorization*.

3. CMRs may be audited at any time to verify adherence to this policy.
4. Audit results will be reported to the Privacy Officer. The Privacy Officer will make the recommendations to the Chief Operating Officer of the Hospital and Clinics regarding corrective action. Corrective action may include, but is not limited to, revocation of the privilege of maintaining CMRs.
5. If CMRs are found to contain original medical information that should be in the UMR, the custodian of the CMR must remove this information immediately and make any and all arrangements to have it incorporated into the proper UMR.
6. When a CMR is no longer needed, the custodian of these records must dispose of them in a manner that ensures the confidentiality of the information in accordance with *UTMB IHOP Policy XXXX, Disposal of PHI*.

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**Physical Management of Medical Records**

Any department or entity that maintains either CMRs, Medical Media or copies of medical records must designate a Record Custodian to be responsible for securing and tracking those records. Physical maintenance of CMRs, Medical Media or copies of medical information require:

1. Record Custodians must take appropriate measures to ensure CMRs, Medical Media or copies of medical information are maintained in a **secure location with restricted access**. All CMRs, Medical Media or copies of medical information must be secured in a locked room or locked file cabinet. Each Custodian must designate a person (or persons) to be responsible for granting access to the locked room or locked file cabinet containing CMRs, Medical Media or copies of medical information.
2. Record Custodians must use a **tracking system** to account for the inventory and location of the CMRs, Medical Media or copies of medical information. The tracking system must include the following:
  - An inventory that shows when records are added or destroyed, and
  - A system for establishing the location for the record. This must include establishing the party responsible for the record once it has been checked out.
3. This tracking system may be manual system, an automated system or a combination of the two.

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**Release of Information**

As a result of the HIPAA regulations, releasing information has become extremely complex due to several specific reporting requirements. HIM will also be responsible for the release of any information for purposes other than TPO. For instance, additional copies of billing information or copies of pharmacy records that require the patient's authorization or information request made pursuant to subpoenas or court orders will be managed solely by HIM. For more information on the release of information, please see *IHOP Policy XXXXXXXX, Use and Disclosure of PHI based on Patient Authorization*.

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**Enforcement**

All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.

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