

**Institutional Handbook of Operating Procedures**  
**Policy 09.02.13**

Section: Clinical Policies	Responsible Vice President: Executive Vice President and CEO UTMB Health System
Subject: Patient Records	Responsible Entity: Health Information Management

**I. Title**

*UTMB Medical Record Policy*

**II. Policy**

UTMB must ensure that a paper and/or electronic Unit Medical Record (UMR) is comprised of all official 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 maintained in accordance with UTMB's policies on safeguarding protected health information (PHI), including, but not limited to, [IHOP Policy 06.02.10, Physical Protections Safeguards for Protected Health Information \(PHI\).](#)

UTMB prohibits departments or divisions from maintaining their own subsidiary medical records unless the area is an approved HIM Satellite Operation. All original official medical information must be included in UTMB's Electronic Medical Record (EMR) system or forwarded to HIM or approved HIM Satellite Operations for inclusion in the UMR. The UMR constitutes the official legal medical record of UTMB. The legal record is the record that would be disclosed upon receipt of a valid disclosure authorization and is considered part of UTMB's designated record set.

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.

**III. Unit Medical Record**

- A.** A UMR shall be generated for each UTMB patient, and HIM is the custodian of all UMR.
- B.** It is the policy of UTMB to create and maintain medical records in the regular course of its business of delivering patient care. These records are created at or near the time that services are rendered and include paper and/or computer based information systems to record and store health information.
- C.** The UMR is the original documentation of the health care services provided to an individual that is created or used by *health care professionals*. External copies of pertinent diagnostic information (outside correspondence) are maintained as part of the UMR if this information was used to make health care decisions.

- D. If a paper record is used, all official UTMB health care information created should 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.](#)
- E. The UMR does not include patient controlled or patient managed records, unless such records are used to provide patient care services or document observations, actions, instructions (e.g., medication tracking records).
- F. As a general rule, the UMR does not include source data. All exceptions must be approved by HIM.
- G. The UMR does not include *administrative data, or de-identified data* (see definitions above).
- H. Patient name and medical record number (MRN) should be clearly printed or included on a label attached to each page/form.
- I. Completed original paper medical record documents are to be forwarded to HIM or approved HIM Satellite Operation immediately for inclusion in the UMR.
- J. Only versions of reports, records, and documents marked or designated as final shall be considered part of the UMR, not those marked or designated as preliminary.
- K. UTMB is transitioning from paper UMR and department EMR systems to the UTMB EMR system. The Clinical Information Services Advisory Committee determines the transition plan for each department/clinic. When a department or clinic transitions to the UTMB EMR system, all official medical record information must be documented in or scanned into the EMR.
- L. 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 as outlined in [IHOP Policy 06.02.00 Maintaining Patient Confidentiality through the Appropriate Use and Disclosure of PHI.](#)
- M. Only HIM or an approved HIM Satellite Operation can disclose information from the UMR for purposes other than treatment, payment, or health care operations (TPO) and legally authorized reporting (e.g. regulatory mandates requiring reporting to a state or federal agency). Departments must forward non-TPO requests for disclosure of PHI to HIM or approved HIM Satellite Operations for processing. Legally authorized reporting must also be done in accordance with [IHOP Policy 06.02.01, Use and Disclosure of PHI Based on Patient Authorization.](#)
- N. Medical Record information from non-UTMB sources used to make health care decisions must be marked with the patient's UTMB medical record number and incorporated into the unit medical record. (See [IHOP Policy 9.2.15, Medical Record Documentation](#)). In addition to this information becoming part of the UMR, it is part of UTMB's Designated Record Set.
- O. Psychotherapy notes are considered a separate and distinct record and must be managed in accordance with all applicable policies. See [IHOP Policy 06.02.08, Use and Disclosure of Psychotherapy Notes.](#)

#### **IV. Source Data**

- A. Source Data includes health information stored in any original media. The original written interpretation of the Source Data must be stored in the UMR.
- B. Source Data must be maintained in a manner that ensures the confidentiality of the PHI in accordance with the HIPAA Privacy and Security Standards and/or The Joint Commission standards on medical record services, UTMB policies and procedures, and applicable federal and state laws.
- C. As a general rule, the retention period for Source Data is five years (see the Records Retention Schedule for exceptions). UTMB's intuitional document management solution may be used for the retention of Source Data. Source Data must be destroyed in a manner that ensures the confidentiality of the data. If Source Data becomes a component of a research record it will assume the retention schedule for that record series.
- D. Any and all requests for the release of Source Data for non-TPO purposes must be referred to HIM or an approved HIM Satellite Operation for review and approval to disclose the requested data. While Source Data is not part of the legal medical record or the Designated Record Set, patients will be able to access Source Data upon specific request as provided in the [IHOP Policy 06.02.26, Patient Rights Related to PHI, Health Information Management Policy 6.4.16, Disclosure of Source Data, and IMGADM 121.0 Creating Imaging CDs.](#)
- E. Source Data may be audited at any time to verify adherence to this policy.
- F. For additional information on Source Data, see the [Guide to Maintaining Source Data](#).
- G. Source Data received from non-UTMB facilities is the responsibility of the UTMB department that obtains and uses it. Additionally, the data must be:
  - 1. identified as non-UTMB data;
  - 2. maintained in a manner that ensures patient confidentiality;
  - 3. considered a convenience copy only and destroyed when it is no longer useful; and
  - 4. destroyed in a manner that ensures the confidentiality of the data.

**V. Case Management Records/Shadow Records**

- A. Case Management Records (CMRs) 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 or an approved HIM satellite operation for inclusion in the UMR. Health care information in the form of a CMR must be maintained in a manner that ensures the confidentiality of the PHI in accordance with HIPAA Privacy and Security Standards, The Joint Commission standards on medical record services, UTMB policies and procedures, and applicable federal and state laws.
- B. PHI will not be disclosed from CMRs, except for emergency treatment purposes. Any and all requests for the release of PHI for non-emergency treatment purposes must be referred to HIM or an approved HIM Satellite Operation.

- C. CMRs may be audited at any time to verify adherence to this policy.
- D. If CMRs are found to contain original medical information that should properly be in the UMR, the Custodian of the CMR must remove this information immediately and make arrangements to have it incorporated into the proper UMR. Continued non-compliance with this requirement may lead to disciplinary action.
- E. 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 [IHOP Policy 06.02.10 Physical Protections Safeguards for Protected Health Information \(PHI\)](#).

## **VI. Physical Management of Medical Records**

- A. UMR, Source Data and CMR Custodians are responsible for storing, securing and tracking the PHI they maintain.
- B. Custodians must take appropriate measures to ensure all PHI for which they are responsible is maintained in a **secure location with restricted access**, such as a locked room or locked file cabinet.
- C. Custodians must use a **tracking system** to account for the inventory and location of the PHI for which they are responsible. This 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, including identification of the party responsible for the record if the record has been checked out from the secure filing area.
  - This tracking system may be a manual system, an automated system or a combination of the two.

## **VII. Release of Information**

HIM or an approved HIM Satellite Operation will be responsible for the release of any information for purposes other than TPO or legally authorized reporting.

## **VIII. Definitions**

**Unit Medical Record (UMR)**: The official UTMB legal medical record maintained by the Department of Health Information Management (HIM) that contains UTMB's original/official patient care information.

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 in paper or electronic form under one hospital number. UMR's have a permanent retention schedule.

**Subsidiary Medical Record (SMR)**: A medical record maintained by a department other than HIM, which contains original/official information in paper or electronic form concerning outpatient health care administered by UTMB health care providers to UTMB patients. SMRs are subsets of the UMR.

**Case Management Records (CMR):** A medical record maintained by a specific physician or department that only include copies of original patient care information already included in the UMR. Commonly referred to as “shadow records,” CMRs are considered convenience copies only and have no record retention schedule. CMRs should never contain original medical records.

**Source Data:** Data from which interpretations, summaries, or notes are derived, regardless of media. Source Data includes health information stored in any original media. Examples of Source Data include, but are not limited to, paper diagnostic tests or tools, x-rays, videotapes, ultrasounds, fetal monitor strips, photographs (either conventional photos or digital images), and ancillary or supporting systems (e.g. pharmacy information systems and radiation oncology information systems). These forms of Source Data have unique retention schedules. The UMR must contain a written interpretation of all Source Data. Source Data is distinct from the written interpretations of significant clinical information that is included in the UMR and is not part of the legal medical record.

**Designated Record Set:** A group of records maintained by or for UTMB that are:

The medical records and billing records about patients maintained by or for UTMB ;

- A. The enrollment, payments, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- B. Used, in whole or in part, by or for UTMB to make decisions about patients, including medical records from non-UTMB sources when used by UTMB health care providers to make health care decisions.

**HIM Satellite Operations:** HIM may delegate or appoint management of the SMRs to individuals approved by HIM. Original medical records managed by HIM satellite operations will be considered part of the UMR. HIM must be consulted before a department other than HIM plans to maintain original medical records.

**Administrative Data:** Data used for administrative, regulatory, operational and financial purposes (e.g. charge tickets, requisitions, death certificates, authorization forms for disclosure of information, event history and audit trails, patient identifiable claims, patient identifiable data for quality assurance and management purposes, protocols, clinical pathways, practice guidelines and other knowledge sources that do not imbed patient data).

**De-identified Data:** Data or information aggregated or summarized from patient records so that no means exist to identify the patient (e.g. management and quality management reports, case studies that do not identify the patient, statistical reports, anonymous data used for research purposes). See IHOP policy 6.2.29, De-Identification of PHI, for more information).

**Medical Record Custodian:** The person or department responsible for the maintenance, retention, access, data integrity, and data quality of Protected Healthcare Information (PHI), including protecting patient privacy and providing information security, analyzing clinical data for research and public policy, preparing PHI for accreditation surveys, and complying with standards and regulations regarding PHI.

## IX. Related UTMB Policies and Procedures

[IHOP - 06.02.01 - Use and Disclosure of PHI Based on Patient Authorization](#)

[IHOP - 09.02.08 - Medical Records Forms Management](#)

[IHOP - 06.02.00 - Maintaining Patient Confidentiality through the Appropriate Use and Disclosure of PHI](#)

[IHOP - 06.02.10 - Physical Protections Safeguards for Protected Health Information \(PHI\)](#)

[IHOP - 06.02.32 - Verification Requirements Prior to Disclosing Protected Health Information \(PHI\)](#)

[IHOP - 06.02.08 - Use and Disclosure of Psychotherapy Notes](#)

[IHOP - 06.02.26 - Patient Rights Related to Protected Health Information \(PHI\)](#)

[IHOP - 06.02.29 - De-Identification of PHI](#)

[IHOP - 09.02.15 - Medical Record Documentation](#)

[HIM Policy 6.4.16, Disclosure of Source Data](#)

**X. Dates Approved or Amended**

<i>Originated:</i> 12/01/1990	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
02/19/2019	7/24/2012
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**XI. Contact Information**

Health Information Management

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