

**Institutional Handbook of Operating Procedures**  
**Policy 09.02.06**

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

**I. Title**

*Medical Record Access*

**II. Policy**

The medical record should be readily available to all practitioners who encounter the patient on either a scheduled or a non-scheduled (i.e. emergency) basis.

Access to the medical record is to be restricted to only those individuals who have a legitimate need to know for use in the normal course of business. It is the legal responsibility of all UTMB employees and students to protect the confidentiality of the information within the record.

**III. Medical Record Access Process**

**A. Electronic Records**

Access to the electronic medical record will be provided to those who have been authorized by their department's trusted requestor via the Tivoli process.

**B. Paper Records**

1. Medical records needed for direct patient care purposes are requested by the area treating the patient (e.g. the clinic, inpatient floor, emergency department).
2. When an individual requestor needs a medical record for purposes other than patient care (i.e. payment, healthcare operations, or research), the HIM Department is contacted for access to the paper medical record.
3. Access to the paper medical record will be granted to those who provide a valid UTMB ID badge and/or appropriate documentation to access the information.
4. As a general rule, all authorized requestors are required to return paper records the same day as received. If a record is needed for a longer period, the requestor should notify the Health Information Management (HIM) Department staff prior to receiving the chart from HIM.
5. If a requesting party does not return all records to the HIM Department by the end of the day received, no additional records will be released to that party until all overdue records are returned.
6. Records shall not be sequestered in places such as lockers or desks or in any other way made unavailable for immediate access. Individuals who violate this policy are subject to appropriate disciplinary action, up to and including termination.
7. For research purposes, the research requestor must submit a UTMB Request for Patient Data form to HIM. The HIM Research coordinator will contact the research requestor with their research number. Medical records must be reviewed in the HIM research area and cannot be removed from this area.

- 8. All medical records are the property of the University of Texas Medical Branch Hospitals and Clinics and shall not be removed from the premises of the University of Texas Medical Branch Hospitals and Clinics except in accordance with a court order or subpoena.
- 9. The exception is an attending physician with joint appointment at UTMB and Shriners Burns Institute. In this situation, medical records may be taken to Shriners Burn Institute.

**IV. Record Return Requirements**

- A. As a general rule:
  - 1. Inpatient Nursing Units shall keep paper records until 6:00 a.m., of the day following patient discharge. Following discharge, records are taken to the Record Processing Section of the HIM Department.
  - 2. Outpatient treatment areas must return paper records the same day as the patient's visit.
- B. Following an autopsy, paper records must be returned to Record Processing Section within three (3) working days of autopsy.
- C. When a paper record is signed out of the HIM Department and is needed for direct patient care, the area or person in possession of the medical record must make the record available to HIM.
- D. If a paper medical record is needed for an extended period of time, a special request must be approved by the HIM Department's director or designee.

**V. Medical Record Transfer Process**

If an approved medical record requestor transfers a record to another location, it is his/her responsibility to notify the HIM Department of the new location of the record.

The requestor will continue to be charged with having possession of the record until the HIM Department receives this notice.

**VI. Related UTMB Policies and Procedures**

- [IHOP - 02.01.03 - Release of Information under the Texas Public Records Act](#)
- [IHOP - 09.02.01 - Management of UTMB's Protected Health Information \(PHI\)](#)
- [IHOP - 09.02.13- UTMB Medical Record Policy](#)

**VII. Dates Approved or Amended**

<i>Originated:</i> 12/01/1990	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
10/11/2012	09/15/2016
08/14/2018	

**VIII. Contact Information**

Health Information Management  
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