

# RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL

## Accessibility of Patient Information Policy

**Effective Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

### 1. Purpose

The purpose of this policy is to define the principles, procedures, and responsibilities related to the accessibility of patient information at RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL. This ensures patients can access their personal health information securely and efficiently while maintaining compliance with relevant laws and regulations.

### 2. Scope

This policy applies to:

All medical, administrative, and support staff

Health information management personnel

Volunteers and contractors with access to patient records

All patient information stored in electronic or paper-based systems

### 3. Definitions

**Patient Information:** Any personal, medical, or health-related data recorded in patient files, electronic health records, or hospital systems.

**Access:** The ability of a patient or authorized person to view, obtain, or receive copies of their health information.

**Authorized Personnel:** Staff or representatives legally permitted to access patient information in accordance with hospital policy and applicable laws.

### 4. Policy Statement

RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL is committed to:

Ensuring patients have timely and secure access to their health information.

Protecting the confidentiality, integrity, and privacy of patient information.

Complying with all national and regional data protection and healthcare laws.

Maintaining accurate, complete, and up-to-date records.

## **5. Patient Rights to Information**

Patients have the right to:

Request access to their health records in full or in part.

Receive copies of their records in a timely manner.

Request corrections to inaccuracies in their health records.

Obtain information about who has accessed their health records.

Withdraw consent for access by authorized third parties, subject to legal limitations.

## **6. Procedures for Accessing Patient Information**

### **6.1 Request Submission**

Requests must be submitted in writing using the Patient Information Access Form.

Requests can be made by the patient, legal guardian, or authorized representative.

Proper identification is required before information is released.

### **6.2 Verification**

Staff must verify the identity of the requestor and their authority to access the information.

Any third-party requests must be accompanied by legal authorization (e.g., power of attorney, court order).

### **6.3 Provision of Information**

Information may be provided in print, electronic format, or via secure patient portals.

Requests should be fulfilled within 10 working days, unless a legal exception applies.

Sensitive information may require counseling or a staff member's presence during disclosure.

### **6.4 Fees**

A nominal fee may be charged for copies or extensive retrieval, in accordance with hospital guidelines.

Fees must be communicated to the patient in advance.

## **7. Confidentiality and Security**

Staff must maintain strict confidentiality of patient information.

Electronic records must be accessed only through secure login credentials.

Paper records must be stored in locked, secure areas.

Unauthorized access or disclosure is strictly prohibited and subject to disciplinary action.

### **8. Staff Responsibilities**

Ensure accurate and complete documentation of patient records.

Facilitate patient requests promptly and courteously.

Report any suspected breaches of patient information to the Compliance Officer immediately.

Complete training on data privacy and patient information management.

### **9. Compliance and Legal Requirements**

The hospital adheres to all applicable national health information regulations.

Staff must comply with privacy laws, including restrictions on third-party disclosure.

Regular audits will be conducted to ensure compliance with this policy.

### **10. Review and Updates**

This policy will be reviewed every two years or as required by law or best practices.

Updates must be approved by the Hospital Management Committee.

### **11. Acknowledgment**

I, \_\_\_\_\_, acknowledge that I have read, understood, and agree to comply with the Accessibility of Patient Information Policy of RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_