

Managing external requests for patient information

Purpose

This guide for general practices advises which data elements should be extracted from a patient's electronic medical record when responding to external requests for their record. This document is for use once the decision has been made to provide a third party a copy of (or part of) a patient's medical record.

Introduction

General practitioners (GPs) often receive requests from lawyers and other third parties for information on, or a comprehensive record of, a specific patient. GPs may be obliged to disclose patient health information in certain circumstances and requested to do so in others. Providing records to facilitate resolution of legal disputes is usually in the interest of patients (unless the patient has claimed things that are untrue) and in the public interest.

Types of request for a patient's comprehensive medical record

This document includes a recommended dataset of what should be contained as part of a patient's comprehensive medical record and how it should be presented. Not all requests for patient information will require a comprehensive medical record. When this request should be reciprocated is out of scope of this document; however, there is discussion and guidance below.

1. Legislative requirements such as a subpoena

GPs may receive requests for medical records as part of legal proceedings. A subpoena, court order or summons has the authority to compel production of medical records. Failure to do so may result in a penalty, fine or legal action. These orders are exceptions to principles of patient confidentiality and privacy. If a doctor is unsure about compliance with the subpoena, advice should be sought from their medical defence organisation.

When a GP is requested to provide a patient's complete medical record under a subpoena or other legislative requirement, the GP is generally obligated to comply. However, the various clinical systems interpret what constitutes a comprehensive medical record dataset differently. The collaborative has developed a dataset that a comprehensive medical record should contain (Table 1)..

Table 1. Comprehensive medical record dataset

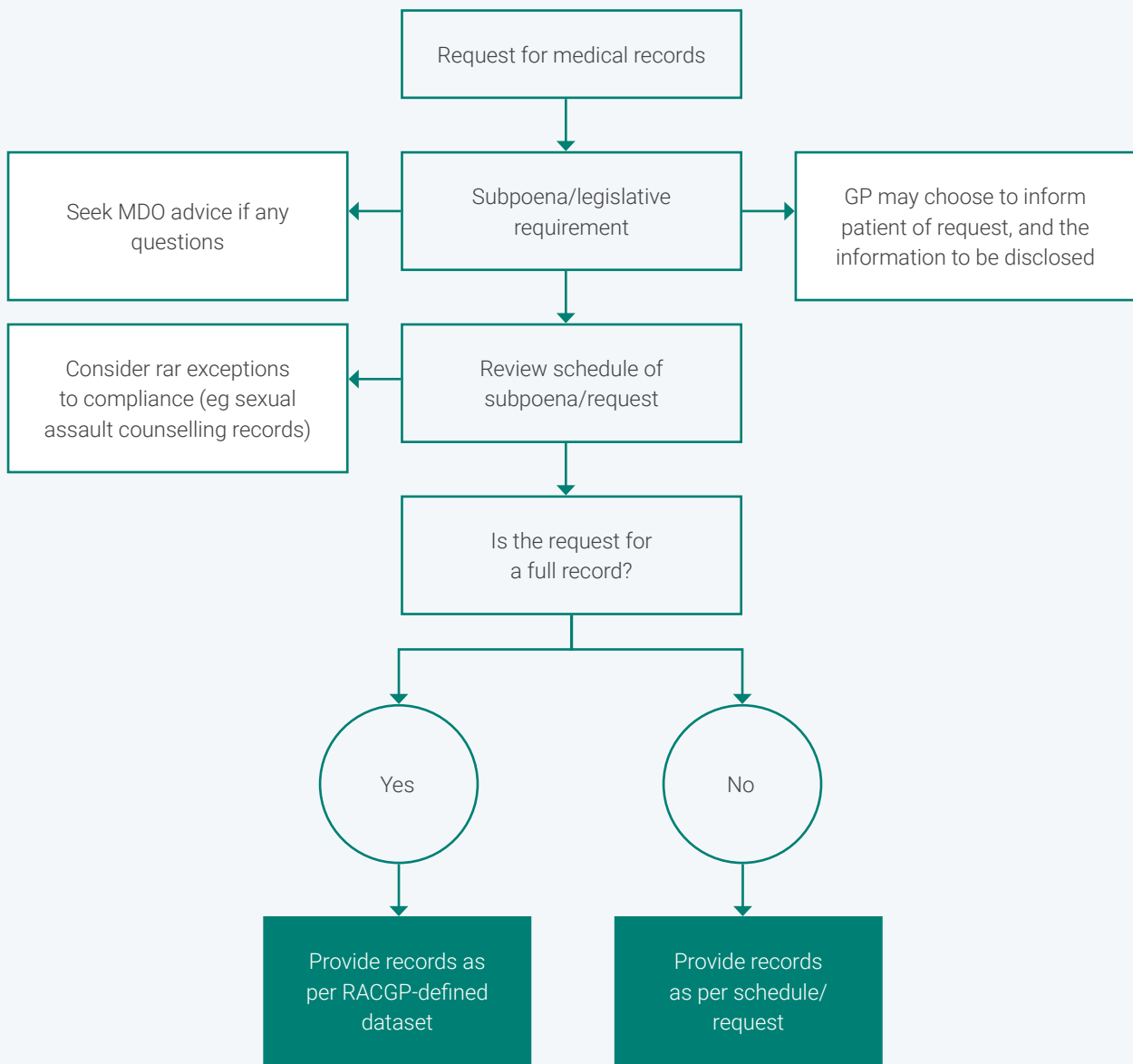
Demographic information	Name
	Date of birth
	Current address
	Medicare name
	Contact details
	Ethnicity (if captured in the system)
	Interpreter needed (only if captured in the system)
	Aboriginal and Torres Strait Islander status
	Gender at birth
	Language spoken at home
	Employment status (occupation)
	All patient identifiers (except individual healthcare identifiers [IHI])
Health summary	Allergies and adverse reactions
	Current medicines list
	Medical history (current and past active and inactive) as recorded
	Family history as recorded
	Social history as recorded
	Health risk factors <ul style="list-style-type: none"> • identified health risk factors as outlined in the RACGP smoking, nutrition, alcohol and physical activity (SNAP) guide • weight (overweight/obesity) assessment • indicate grade for confidentiality by inclusion or non-inclusion in the GP eHealth summary
	Immunisations as recorded
Progress notes (including action notes)	All entries including 'non-visit' entries dated, timed and author identified
	Data entered in other section of notes, such as obstetrics, acupuncture
	All actions entered in a transaction
	All prescribing information including quantity and repeats, old scripts
	All documents generated by the provider including pathology and diagnostic imaging requests (care plans, management plans, electrocardiograms, spirometry and photos)
Letters and reports	Sent and received (include all scanned material), all test results and documents from third parties

Additional administrative and clinical data that may be useful in some cases but not essential in all cases (forensic data) includes:

- sign-off audit trail for letters, scanned material and results
- appointment history, including cancelled/moved appointments
- claims and payments history
- tracking and tracing logs
- clinical support material viewed (such as travel immunisation information – if not already recorded in the progress notes)
- alerts, recalls and reminders.

It is important to note that the printed version of electronic records will not necessarily be indicative of how the medical record appeared in real time, as not all elements of the software can be produced on paper (examples include metadata, audit trails, alerts and recalls). It is also important to note that any extraction of a comprehensive medical record is as it appears in its current state; it cannot be produced retrospectively.

Figure 1. Flow chart: Request for medical record under a subpoena or other legislative requirement

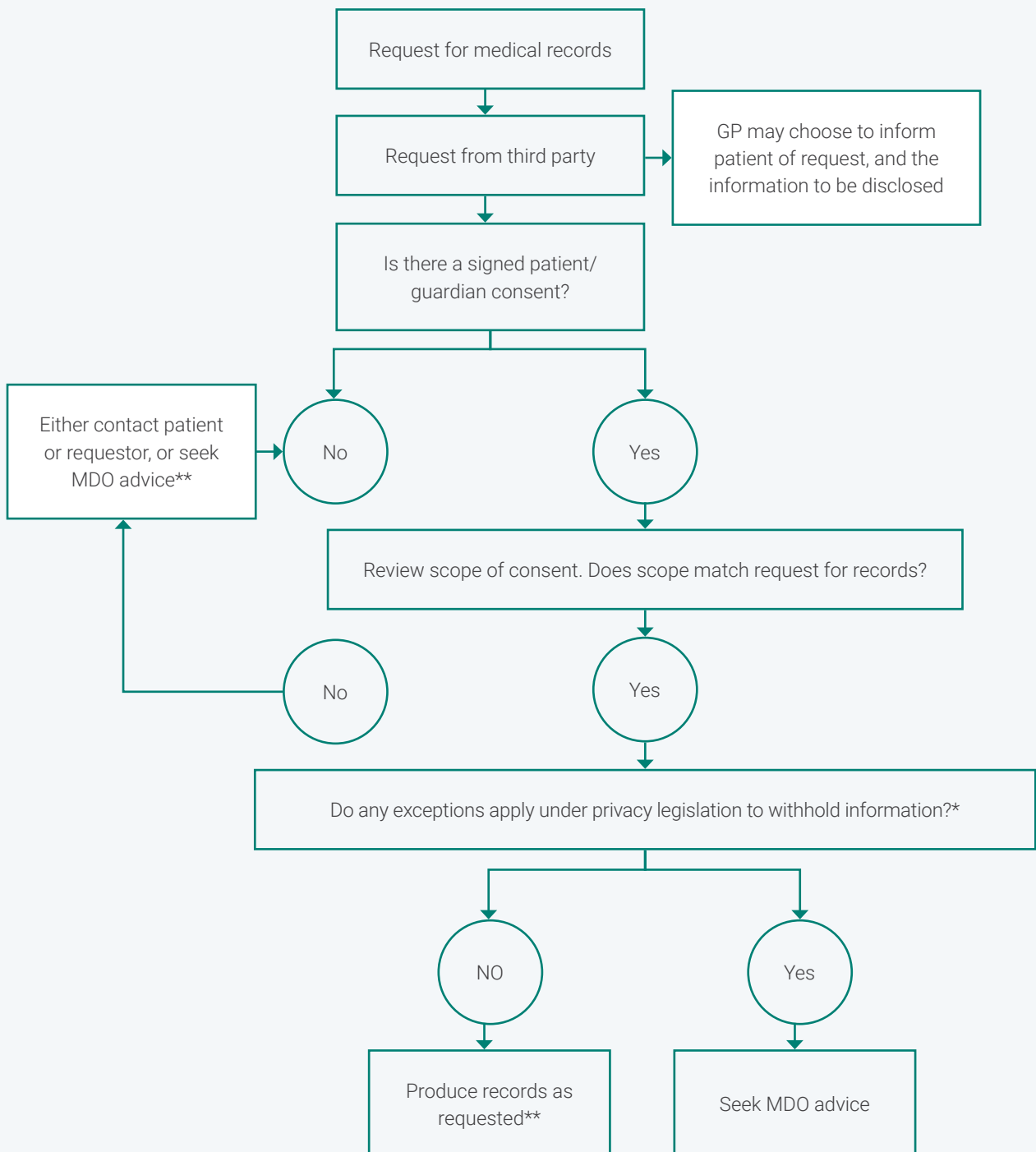


* For example, giving access would pose a serious threat to the life, health or safety of any individual.
 **This includes documents such as specialist letters.

2. Request from a third party

GPs will receive requests for patient records from third parties such as requests from WorkCover or insurance groups. Before providing patient information to a third party, patient consent must be obtained. The following procedure aids practices when providing patient records in accordance with a third-party request (Figure 2).

Figure 2. Flow chart: Request for medical record from a third party



* For example, giving access would pose a serious threat to the life, health or safety of any individual.
 **This includes documents such as specialist letters.

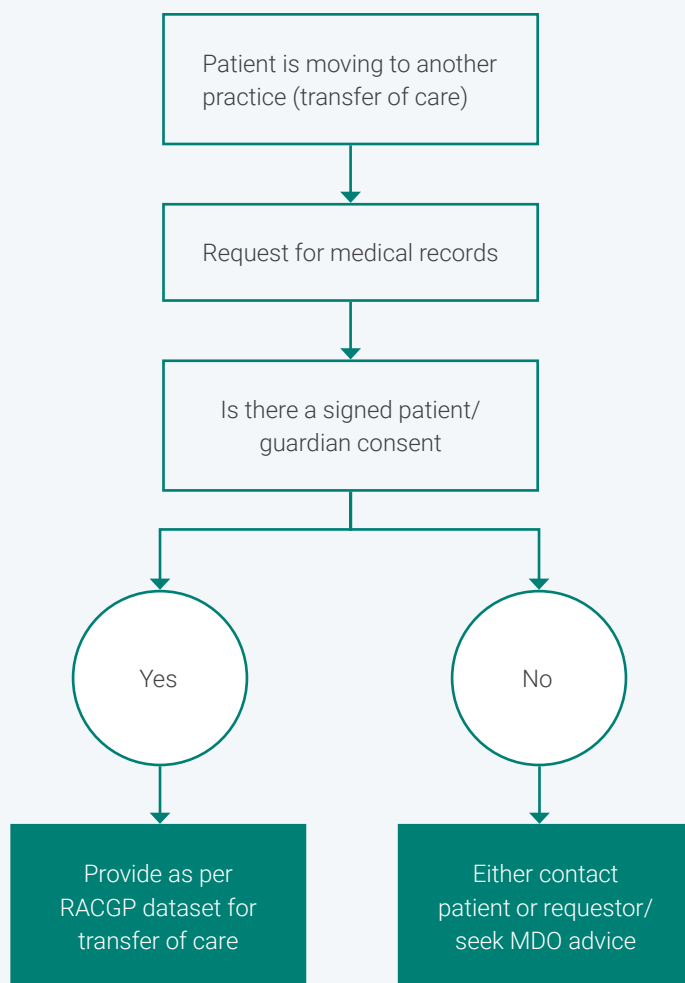
3. Transfer of care between practices

When patients move to a new practice, either the new GP or the patient may request to have their existing records transferred. As the patient’s complete medical history could be quite extensive, it is recommended that a succinct dataset of relevant information be provided. The OPTIMUS collaborative has developed a list of the types of patient information you may wish to receive and/or send as part of transferring care of a patient (Table 2).

Table 2. Transfer of care medical record data elements

Demographic information	Name
	Date of birth
	Medicare name
	Ethnicity (if captured in the system)
	Interpreter needed (only if captured in the system)
	Aboriginal and Torres Strait Islander status
	Gender at birth
	Language spoken at home
	Employment status (occupation)
	All patient identifiers (except individual healthcare identifiers [IHI])
Health summary	Allergies and adverse reactions <ul style="list-style-type: none"> • record of allergies and adverse events • known substance (drug and non-drug), reaction and date of occurrence. • review of allergy and adverse reaction at the point of prescribing any new medications or at periodic health review (eg referrals) is recommended
	Current medicines list
	Medical history (current and past active and inactive) as recorded
	Family history as recorded
	Social history as recorded
	Health risk factors <ul style="list-style-type: none"> • identified health risk factors as outlined in the RACGP smoking, nutrition, alcohol and physical activity (SNAP) guide • weight (overweight/obesity) assessment • indicate grade for confidentiality by inclusion or non-inclusion in the GP eHealth summary
	Immunisations as recorded

Figure 3. Flowchart: Request for medical record in a transfer of car between practices



MDO, medical defence organisation

Further information

- [Information and Privacy Commission NSW: Providing access to health information – guidance for health care providers](#)
- [Information and Privacy Commission NSW](#)
- [RACGP: Privacy and managing health information in general practice](#)
- [Financial Services Council Guidance Note 5: Industry terms and definitions.](#)

Disclaimer

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