

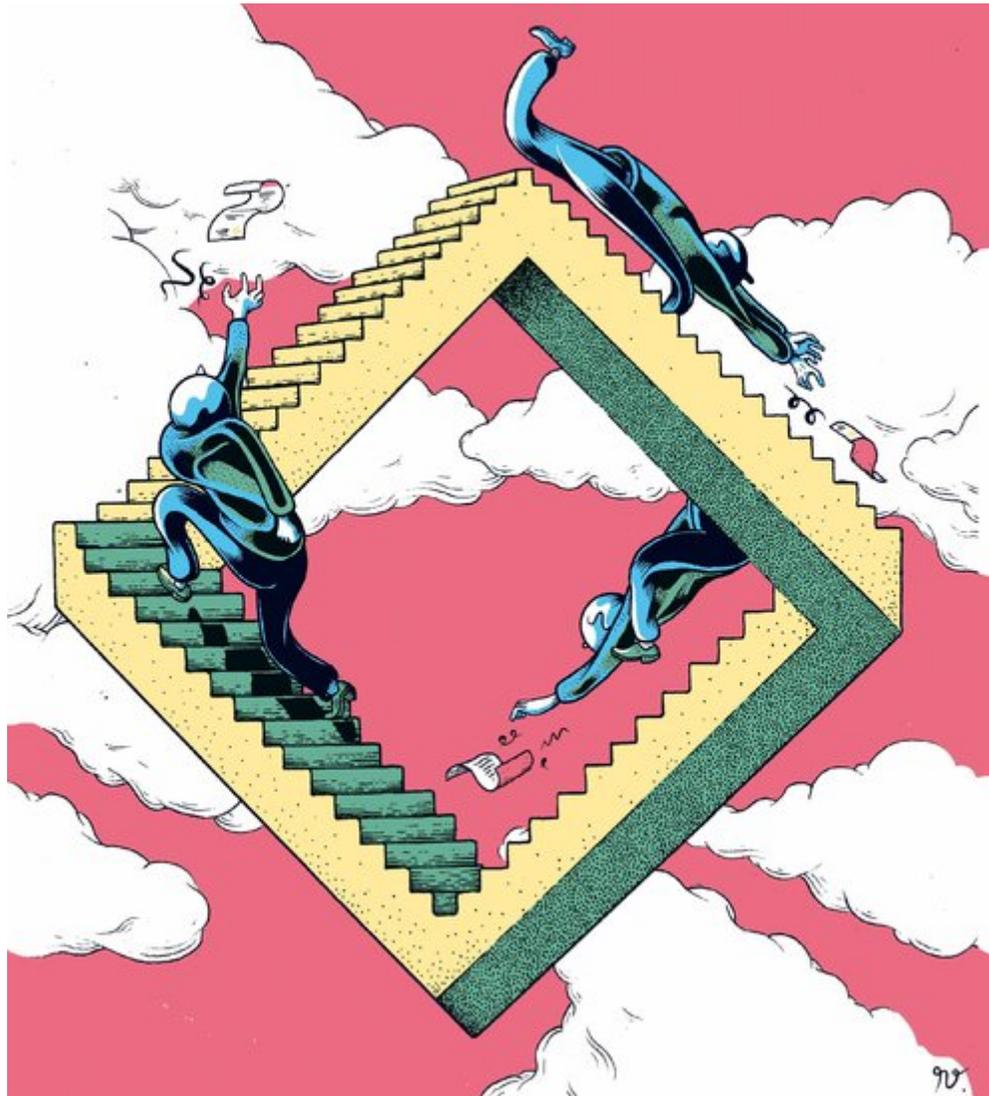
The New York Times

Medical Records: Top Secret

By [ELISABETH ROSENTHAL](#)

NOV. 8, 2014

Photo



Credit Renaud Vigourt

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MANY readers were shocked by my recent article about [Peter Drier](#), who received a surprise bill of \$117,000 from an out-of-network assistant surgeon who helped out during his back operation. But almost as surprising was how difficult it was during my reporting for Mr. Drier to extract his own records from the hospital.

He wanted a copy because he enjoys adventurous travel and he needed a record of the surgery in case of injury; I wanted to see the chart to make sure nothing unusual had occurred in the operating room that might justify the enormous bill. Hospitals are computerized, and patients have a right to their own records, so I assumed getting the chart would be easy.

I was wrong. The six-week ordeal included requests that needed to be made via regular mail, numerous phone calls, consent forms and an estimate for copying fees that totaled \$100. This was topped off by an actual visit to the hospital by Mr. Drier, who sat in an office until he had paper documents in hand.

In a digital age when we can transfer money to purchase a house online or view a college transcript by logging on to a secure website, why is it so often difficult for patients to gain access to their medical data? And who controls our health information?

“You should be able to walk into a provider’s office and say, ‘I want a copy’ — you are legally entitled to that,” said I. Glenn Cohen, a professor at Harvard Law School, noting that there were only a few exceptions, such as for prisoners. But the reality is that many hospitals and doctors have created a series of hurdles that must be cleared before patients can get their information. And many of those hurdles, experts say, are based on the economics of medicine.

“The medical record is held hostage,” Professor Cohen said. “The reason is often to keep a customer or keep a patient from leaving the practice.”

Some providers contend that releasing information might somehow compromise patient privacy and confidentiality concerns laid out in Hipaa, the Health Insurance Portability and Accountability Act of 1996. But that legislation was created at the dawn of the Internet era, when there were worries that sensitive health information that could embarrass patients or leave them vulnerable to discrimination would be too freely accessible. Internet security systems have greatly improved, and it is no longer legal for insurers to reject applicants for pre-existing conditions.

“When hospitals talk about Hipaa or charge for releasing records what they’re really saying is, ‘I don’t want to do this and I have to find an excuse,’ ” said Dr. David Blumenthal, president of the Commonwealth Fund, who was previously President Obama’s national health information technology coordinator. “Hipaa is used in all sorts of distorted ways, because ‘protecting privacy’ sounds good.”

This summer, for example, Michael Madrid, 47, a software developer in New York City, saw an orthopedist because of knee pain and was sent for an M.R.I. When he called the office for results he was told he had to come in to get them, to protect his “privacy.” The scan showed a small ligament tear that required no treatment, and Mr. Madrid was billed \$170 for a second visit.

He complained to the doctor and the hospital and on Yelp. He asked the Department of Health and Human Services about Hipaa concerns, which said there were none. “It was a huge inconvenience,” he said. “I had no privacy issues. This was irrelevant. They could have put my M.R.I. on Twitter and Facebook.”

A better flow of information would benefit both patients and the health care system as a whole, Dr. Blumenthal said. If patients possess their records they can choose and move their care at will, picking doctors and testing sites that are cheaper or more to their liking. Likewise, if records can be transmitted with the ease of emails, doctors in different locations can better dispense treatment, avoiding the need to repeat tests. On a larger scale, the release of data that is now trapped in hundreds of hospital systems and thousands of doctors’ offices is crucial for researchers, Dr. Blumenthal said. They could use it to identify trends in overuse or

unrealized side effects. (For research purposes, the data can easily be released in a way to protect patients' identities.) "The nation is on a journey toward more accessibility," Dr. Blumenthal said, though it still has "a long way to go."

Linda E. Fishman, senior vice president of the American Hospital Association, said that while the organization supported patients' rights to their information, providing it was not always simple. "Responding to requests is more difficult than it should be," she said, because "the entire health care system has one foot in the paper world and the other in the electronic world." She added that the consequences of violating patient privacy laws were "severe." Already a few major health systems have been slowly dismantling the firewall between patients and their data. For example, Kaiser Permanente in California, Partners Health in Boston and the Cleveland Clinic allow patients to log on to secure websites to view their test results and other medical information.

Government mandates, meanwhile, are laying the groundwork for more sharing. Legislation passed in 2009 prods hospitals and doctors' offices to [convert to electronic records](#), a changeover that officials estimate is more than 80 percent complete. But the next step requires health providers to show they are using that capability to begin better sharing medical information with patients and one another. That will begin to phase in next year.

BUT resistance is likely to be fierce from some corners, since sharing data goes against hospitals' and doctors' financial interests when they are jockeying to hold on to patients in a competitive market. The more health care providers restrict the release of records and lab results, the harder it will be for patients to leave. And the companies that design electronic medical record software also don't want patients to leave their orbit, any more than the makers of P.C.s want to facilitate a move to a Mac. In fact, Professor Cohen said, many programs are built so that they cannot share information with one another.

Although doctors and hospitals legally own their medical charts, patients have a right to have access in a timely manner — [Hipaa requires a response](#) within 30 days of a patient request — and at a reasonable processing cost. In the end, Mr. Drier spent six weeks trying to obtain the paper record of his back surgery — though he would have preferred a digital copy. That may or may not have exceeded the 30-day deadline stipulated by law, depending on how the days are counted. But is that "reasonable" in an age when most information is available with the click of a mouse?

Elisabeth Rosenthal is a reporter for The New York Times. For a continuing conversation about health care costs and pricing in the United States, please join our Facebook group, [Paying Till It Hurts](#).

hen3ry

is a trusted commenter New York [22 hours ago](#)

Who is entitled to the patient information more than the patient? We do switch doctors for whatever reason. We cannot always recall specific details; that's what truthful records are for. I say truthful because there are times providers lie about what happened. But the designing of electronic software that doesn't talk to other software is just plain idiotic. No one's record should be held hostage to incompatible software. No one should have to wait 6 weeks to see their records. It seems that the financial interests are outweighing patient needs in every area of health care in America.

I've been told my records at the allergist were forwarded to my GP. He claims he never received them. Who do I believe? I visit an ER and again I'm told that the records are forwarded to my GP because I have to follow up with him. Same story: he didn't get them but he'd be happy to examine me. It's amazing the lengths our healthcare system goes to to keep our medical information from us while gossiping about it in hallways. Perhaps we should learn to spy for others and give them the information we hear about them and vice versa. It can't be worse than the lack of or miscommunications that currently occur.

- Flag
- 57Recommend
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Julie Moury

Baltimore [8 hours ago](#)

Johns Hopkins Medicine provides all patients the opportunity to create a private account under "My Chart". By logging in to "My Chart", each patient can see and print out all tests, medical procedures, surgeries, appointments, prescriptions, medical history including updated list of all prescription meds, OTC supplements

etc.. It is very comprehensive and you can send a message to your doctor or request a prescription refill. I find it very useful to access and download my information from my computer.

- Flag
- 3Recommend
- Share this comment on FacebookShare this comment on Twitter



auralgo

Nashville [8 hours ago](#)

I have been an ER doc for 30 years. Hipaa had a very chilling effect on communication, turning the medical records department into a fortress. Although Hipaa may have benefited a few people, my experiences have been very negative. Family members desperate to find out the condition of the relatives are informed that "no information can be released." Doctors are forced to take annual training courses reminding of the heavy penalties for physicians who "leak" information about patients. My own mom had a heart attack in Florida, and they refused to let me even see her EKG until the medical records had been "scrubbed." Patients often visit three different ER's in a week, and red tape often prevents us from getting copies of records even with written patient permission. Hospitals fear the liability that comes with letting patients peek behind the scenes at their own medical records, and it is common for test results to be "archived" (that is -- "deleted") from electronic record systems after five years. It's time to take another look at Hipaa!

- Flag
- 15Recommend
- Share this comment on FacebookShare this comment on Twitter

[See All Replies](#)

RC

is a trusted commenter MN [21 hours ago](#)

This article, along with the other recent NYT articles profiling an industry that might seem to share certain characteristics with an organized crime syndicate, demonstrates a disregard for the welfare of the patient. Real health care reform is needed to address the subjugation of patients by our health care industry.

- 42Recommend

Marc

NYC [1 hour ago](#)

"...share certain characteristics with an organized crime syndicate..." - excellent observation; the number of entitled workfare healthcare recipients is also a parallel to the 'street' operations of organized crime...

- Recommend

C'mon man

Bradenton [3 hours ago](#)

You should be directing these comments toward the EHR industry, that has sold these medical devices sans any assessment for their safety, efficacy, and usability.

The reason why patients are aggressively seeking their own records is because of the epidemic of errors and near misses caused by EHR and its CPOE (ordering) and CDS (decision making). Someone needs to question the computer!

- 1Recommend

Lori

is a trusted commenter New York [18 hours ago](#)

I have been very fortunate. Many of my physicians give me copies or summaries of my notes at the end of the visit. I recently had a CAT scan and MRI in the ER and was given a multi-page written report when I left a few hours late. Two of the hospitals I attend have registered patient sites that give me lab and radiology results online a few days after the tests are complete.

I'm not sure why this can't be done everywhere?

- 4Recommend

NYT Pick

Ed Schwartzreich

Waterbury, VT [9 hours ago](#)

As a physician, but now older and more of a patient, this article resonates. The same proprietary mindset is seen when I try to reach my physicians (in 3 separate and distinct hospital settings). One of these sites allows me to email my doctor, the two others make this difficult. If I try to phone, I have to run the gauntlet of gatekeepers and nurses before I can even ask to have my physician phone me at night when he is free. I find this all needlessly condescending, especially since I explicitly encouraged my own patients to be in touch whenever needed and I would always share their medical record with them, with very few exceptions of a strictly legal nature.

I chalk all of this up to a corporate mentality, a legalistic rather than a humanistic focus, and the hiring of health workers who are too frightened of losing their jobs to advocate for patient's rights.

- 23Recommend

nfu

Metro Philadelphia [3 hours ago](#)

Like the 20 minutes I was on hold at one of the satellite offices of one of the best hospitals in the US, the called the main number to get the name and phone number of the person my doctor wanted me to see? I was told, "I don't know." Well, do your job and find it!

The same hospital system is quick to turn your account to collection, but that forgets to return a duplicate payment you made. Or, that requires you to run up a bill, then apply for financial assistance?

- Recommend

James

Pittsburgh [2 hours ago](#)

If you are satisfied with your doctor, problem solve this with them on your next visit. There is a solution to this. RNs can be managed by a doctor's office. Ask to speak to the manager of the office also as a first line of looking into a solution. It is possible the doctor and the other staff are unaware of this kind of problem.

- Recommend

See All Replies

Cleveland Clinic Victim

World [8 hours ago](#)

As many victims of negative surgical outcomes can attest, hospitals and doctors often withhold medical records by ignoring requests, or only providing selected records. HIPAA law states that the hospital must provide only those records in the "designated record set." HIPAA gives full discretion to each individual hospital to determine which records are entered into the "designated record set." HIPAA law states that a more stringent state law of what records must be provided to the patient trumps HIPAA law. However, HHS does not enforce state law. The patient must then litigate for records at great expense. This, in many cases, delays litigation past statutes of limitations. In my case, the State of Ohio Medical Board, after successive records requests were ignored by the Cleveland Clinic, was forced to resort to a subpoena. Although my medical record set "grew" through successive requests from 72 to 171 pages, many material records continue to be denied. "Deny and Defend" is the strategy used by hospitals to deter litigation for medical harm except at the VA where medical error is quickly admitted and reasonable damage compensation is paid without litigation.

- 11Recommend

Surgeon

NYC [3 hours ago](#)

Tort reform is the answer. Stop the runaway frivolous lawsuits. In my state the doctor certifying the validity of the suit is anonymous and answers to nobody. A pediatrician who retired 20 years ago can certify a suit against a cardiac surgeon. Stop the lawsuit abuse, put transparency into it, perhaps a New Zealand style no fault system where doctors (perhaps blinded to the names involved)

render a medical decision, and then somebody like you will get compensated easier/quicker if there was negligence.

- 1Recommend



Mnemonix

Mountain View, Ca [8 hours ago](#)

I visited two doctors, one male, one female through the Palo Alto Medical Foundation. Each visit was 20 minutes. The female doctor's bill was more than \$200 less expensive. I requested an audit to explain the disparity. Some time passed before a letter appeared: it was from a collection agency. No explanation from PAMF. Their primary care is to make money.

- 1Recommend

David RR

CT [6 hours ago](#)

The coding requirements, required by the insurance companies, and the bane of providers' lives, require us to bill by complexity of the problems and rarely by the time spent. There are times I meet the moderately high complexity 99214 code with a 5 minute visit, and times I spend 24 minutes for a moderate complexity 99213. Then add in whether there was any other billable items- ecg, vaccine etc.

This explains but does not excuse the disparity, and explains the frustration of providers who have to master the intricacies of the coding book to get paid.

- 2Recommend

Chris Gibbs

Fanwood, NJ [8 hours ago](#)

A couple of years ago, my primary care physician retired. I arranged for another physician to take me as a patient. I picked up

my file at my former physician's office and hand carried them to the new one. I had no trouble getting the file from the old office, but everybody in the new one, including my new physician, was stunned speechless that I actually had personal physical possession of the record of my health care over an 8 year period. One might have thought I was carrying around state secrets. Most peculiar.

- 8Recommend

David RR

CT [6 hours ago](#)

The surprise is because your old pcp is now vulnerable on two fronts. First because there are some individuals who would take the opportunity to search for some minor omission or charting error to fabricate a claim, and second because he/she no longer has a copy of the chart to defend himself against any claims made. Physicians who retire without a successor are responsible to maintain their charts in the same way as if they were still in practice, which would usually mean retaining a copy for a number of years, depending on the age of the patient.

- Recommend

EAL

Fayetteville, NC [4 minutes ago](#)

I hope you made copies of everything while you had them, just in case the new doctor "lost them."

- Recommend

Suzanne Wheat

North Carolina [8 hours ago](#)

As long as health insurance companies have total access to medical records, there is no real privacy. They want people to list medications, chronic illnesses, accidents and other minutiae in order to make us pay. This privacy joke is just another way for hospitals, physicians and insurance companies to hide. Fundamentally, "competition" is just another way to screw the patient. Why aren't patient records free? Go to the provider and they can open the chart online. If you want copies, at most places

it's 15 cents. Hipaa has turned into another way of controlling us and our pocketbooks. Ridiculous. Send me my medical record and I can print it out myself at home.

- 6Recommend

Paul Adams

Stony Brook [8 hours ago](#)

Every single time a medical record is taken all the information should be entered onto a national website to which the patient has automatic and easy access, using passwords established along the lines of banking and other financial information. After all, in almost every case it is the patient and/or his insurance that is paying, usually at enormous and sometimes inexplicable cost. The main reason the information is so difficult to get is that this difficulty is used to conceal the shambolic way we pay for our medical care. As recent articles in the Times have made clear, if everyone understood how the system actually works, it would have changed long ago.

- Recommend

Richard Simnett

NJ [3 hours ago](#)

And of course it probably is so entered. However, the NSA is not likely to make it available to the public. Now if you meant a commercial website . . . - all the 'cloud' providers have been hacked- even the NSA was subject to unwanted data release. Banks have been hacked and lost customer information. Retailers likewise. If you have no objection to running the privacy risks bully for you. Facebook would be glad to oblige as your data repository I'm sure, as the information is of great value for marketers. Don't ask your doctors to participate though- they'd be prosecuted for similar uses of your data.

- Recommend

gdn

New Jersey [8 hours ago](#)

Mr. Madrid was probably forced to make a second appointment for his MRI results due to a quirk in how doctors are compensated for their time. Had he simply picked up his MRI report, the results would have revealed to him that there was a small ligament tear. They would not have informed him that this tear required no treatment: that is a judgement that the orthopedist has to make.

So what would Mr. Madrid have done at that point? Most likely, called the orthopedist. The orthopedist then has to pull the report, review the images, develop a treatment plan, and spend 10 minutes discussing the follow-up (which was unlikely to be "no treatment"-More likely no surgery and some combination of rest, physical therapy, and medication). If he does this over the phone, he gets paid nothing. If he does the same in the office, he deservedly gets paid for an office visit.

Orthopedists are among the highest paid physicians. This is largely because an hour or two in the OR can pay them thousands or tens of thousands of dollars. Seeing people in the office is far less lucrative. Yet somehow people seem to begrudge them what they earn thinking rather than what they earn with a mallet and bone saw.

- 4Recommend

Grant Faraday

Knoxville, TN [8 hours ago](#)

What's really not mentioned here is that employees in the medical system live totally in fear of HIPAA. They're drilled to death about the consequences of releasing medical records inappropriately... period. The patient becomes the innocent victim here. Employees are told they will be fired if they release the information about a patient (any identifying information). So, it's simply the default position to NOT release the records.

The doctor never even hears about it most of the time, particularly in a large and busy practice. And when there is paper involved, this is a tedious process of dismantling the chart, photocopying it, and carefully (difficult) reassembling it. Had Mr. Madrid's knee MRI been posted on Facebook... well, heads would roll. People get fired for that kind of stuff in the rare circumstances that sort of thing takes place. Go ahead and interview an employee and ask them if they know about and fear HIPAA. I can assure you they take it (privacy) very seriously.... if only because everyone needs to pay

the rent.

A better system will emerge, but it will be very expensive and slow in coming, and when (not if) lots of records spill onto the internet (think Target, JP Morgan, UPS)... some will be nostalgic about the good ol' days of paper records.

- 2Recommend

Dorothy Lee

Billings MT [8 hours ago](#)

Kaiser Permanente Southern California does provide secure patient access to a limited portion of medical records. However, the patient portal has far less access to information than does the provider portal. For example, there is currently no patient access to some types of lab reports nor to any type of radiology results, although radiology results are part of the electronic record and are available in digital format from the provider side. Another shortcoming is the crudeness of the diagnostic data entries. It seems that fine-tuning is very limited by the "boxes" that providers must check. Personalized "gray" areas are not possible. The KPSCal patient medical record website also does not make clear that a patient can call the records department and request a complete report for any single visit or test, at no charge, to be sent by fax or email. The website states that patients have to go to a facility quite a distance from the medical facilities and must request records in person, and that there is always a per-page copying fee. And trying to get KPSCal to correct errors in the electronic medical record is a bureaucratic nightmare, involving written requests and snail mail, with the caveat that KPSCal can deny any request.

- 5Recommend



Steve the Commoner

Charleston, SC [8 hours ago](#)

Basic economics are indeed a factor in providing medical records. It costs a staggering amount of money to deploy electronic records, hire competent staff, provide adequate firewalls of electronic

security, and last time I checked, laser ink cartridges and paper are not free.

Multiply that by the numbers of divorcing parents, and angry grandparents and you have a bit of the reality of office overhead.

Sprinkle on top of that that the family members want these documents right now-as if a crowded medical office had nothing else to do that particular day, and the staff are thrilled to provide a often ill mannered individual medical documents, at the expense of ill patients who need high quality medical care, but are put on hold to satisfy someone's alleged legal rights.

- 4Recommend

RoseMarieDC

Washington DC [6 hours ago](#)

This response is ridiculous. Medical care is already outrageously expensive in the US to come up with excuses like a waiting room full of patients, or cumbersome procedures to access/transfer/print electronic records. It is not the patients' fault if the hospital/medical provider is not organized enough to promptly provide patients with what by law -not "alleged" law- is their right: A copy of their medical records. Every patient should be able to walk out from the medical facility with them. Furthermore, if providers were better organized, and provided records in a timely manner, patients would probably not be angry or ill-mannered. When you go to the supermarket (or the mechanic, the restaurant, the hotel, or any other service provider) you immediately receive an itemized bill of what you bought; the supermarket does not come up with excuses like faulty software, connection problems, or a store full of customers to refuse or delay giving you what you are entitled to. I do not see why the medical industry would be any different.

- 1Recommend

James

Pittsburgh [3 hours ago](#)

Hospitals did not meet the initial 10 year dead line of the implimentaion of electronic records. They claimed the high cost. President Obama privaded 10 billion dollars to hospitals, clincs

etc. through the economic stimulus plan to aid these institutions and also provide jobs during the recession.

- Recommend

Indrid Cold

USA [8 hours ago](#)

Real competition is finally coming to the world of healthcare. Just one example is the new Massachusetts law that requires that all insurance companies reveal what they pay for specific procedures to their various providers. This is only the beginning of what will become a massively disruptive ending to what has, untitled recently, been an industry whose costs were almost totally obfuscated. Indeed, as the real costs of medical care become more and more subject to direct apples to apples comparisons, the days of charging whatever the market will bear will finally come to an end. Rather like the early days of the personal computer, as component comparisons become easier, costs will fall. It will soon be possible to determine exactly why a particular surgical procedure is, say, \$10,000 when performed at one facility by one surgeon, and \$2500 by another. Once this information is available online, the concept of "doctor shopping" will become one based upon simple economics. Prices should start to fall. A lot.

As medicine begins to look more like any other skilled profession, the field will become much more broadly accessible as a career choice. The artificial scarcity of doctors created by the ridiculous financial and academic barriers to entry will no doubt relax. As I have all too often seen, being a straight A student from a family wealthy enough to afford medical school does not necessarily produce the most skilled, intuitive, or compassionate physician.

- 1Recommend

James

Pittsburgh [3 hours ago](#)

The number for doctors graduated from medical schools each year is dependent on all the regulations of class size, professor ratios and even square footage of building access. It is very expensive to increase class size because of the cost of meeting all the regulations. The AMA has always had its foot in the door about number of available doctors to practice in America.

- Recommend



Roger MCCorkle

Ft Lauderdale, FL, USA [8 hours ago](#)

A few months ago my GP decided that I should have a special heart test done. The reason for this is still obscure. I have never had any heart problems and in fact have very low-normal blood pressure. Anyway, an appointment was made and I went to the hospital for the test. At the end of the test, I quipped: "Well, do you think that I will live?" The doctor -- it was a doctor -- said that my heart was as good as he had ever see. Thanks Medicare -- \$1800.00.

A week later I received a mailer from a heart institute about 150 blocks away, of which I had never heard. They informed me that they could care for my [non-existent] chronic heart trouble in their state-of-the-art heart facility.

I suppose this means that my medical information is securely held among me, my doctor, the examiner/ing hospital, and anyone with with an internet connection -- as long as they have access to the password for the hospital to see everyone receiving such a test.

- 9Recommend

jud

New York [8 hours ago](#)

I recently phoned the medical recrds dept of the hospital where I had been an inpatient last year. Armed with my medical records # I wanted to know if I had received a pneumonia vaccination while hospitalized. These vaccinations should not be given more frequently than every five years. Being 84 yrs of age, frail, and having cardiac disease, the importance of a timely response to my question is obvious. However I was told I must fill out the hospital's request forms which must be mailed to me, not faxed, that i should receive the forms within 3 weeks, etc. By the time I receive this yes-or-no information I hope I remain germ-free.

- 6Recommend

Michael N. Alexander

Lexington, MA [8 hours ago](#)

Had the Executive and Legislative Branches of our government been on the ball, they would have mandated interoperability among medical computer systems. Something similar could be done today, although probably at greater cost (interoperability software would have to be created and added-on).

It's outrageous that medical providers are sole owners of data about their patients -- us. Laws should be rewritten so records are jointly owned by the provider and his/her/its patient.

- 1Recommend

James

Pittsburgh [3 hours ago](#)

The software for this purpose is supposed to be reciprocal to allow information exchange. That's why the electronic system was introduced, to cut back double testing and the need for non-needed extra office visits.

- Recommend

Dr A

NJ [8 hours ago](#)

Many practices and hospitals require a patient to sign a form giving permission to the provider to release records to the patient himself. Think about that.

In my experience, the culprit is generally the advising attorney or privacy law consultant. These experts warn of dire consequences to the provider, including felony charges, based on their peculiar interpretation of the HIPAA law. So patients must jump through hoops to get records they are entitled to.

- 6Recommend

David Ricardo

Massachusetts [8 hours ago](#)

In nearly every other commercial transaction in our economic lives, we walk out the door with receipts, bills of lading, or other records. Why is health care any different? Upon hospital checkout, or the conclusion of the visit to the doctor, we should be able to have copies of everything, either by "dead tree" or electronically.

What would a doctor say, if he dropped off his Mercedes at the auto mechanic's shop, went to pick it up later and was offered a non-itemized bill, or he was charged for a photocopy of the work done and parts used?

- 26Recommend

RoseMarieDC

Washington DC [8 hours ago](#)

People are giving up their rights in all walks of life. This is just one more. As long as they do not have to foot the bill, most of them they do not care about their medical records.

Due to my husband's job, we relocate to different parts of the world every two or three years. I need ALL my medical records and those of my family with me. The only place where I have had to put up a fight to get them is in the US.

US law states that patients are entitled to a copy of their medical results free of charge. However, medical providers try to charge. Then they make the process long and painful. If patients fought for this basic right more frequently and in louder terms, compliance from medical providers might improve. Also, if there was a fine for refusing to provide patients with their medical records in an efficient manner, maybe this problem would disappear. But again, no one wants to do their part of the work, and this is just another way for the medical industry to exert control and increase their profits.

- 13Recommend

NYT Pick

chad meyer

wailuku-maui, hawaii [8 hours ago](#)

I am a physician with Kaiser Permanente Hawaii. Our medical records have been computer based for greater than 5 years (EMR, electronic med rec) and patients have access to their personal physician or nursing staff through email messaging, which become email encounters in the medical record. Exchanging a hospital discharge summary or an imaging report (MRI, CT) is a simple cut and paste requiring minimal time and effort, permits a provider comment on the results, and is paperless. It does require patients to be minimally computer literate. It is likely that technology will best resolve patient access as more patients and health care providers become fully internet connected.

- 9Recommend

Nancy

Iowa [8 hours ago](#)

Mayo Clinic has an app where my husband can access his medical records, appointment schedule and much more. This was especially valuable when he had a medical emergency out of state. The doctors at the ER were amazed at the wealth of information available to them instantly. This is the way it should be - we should all be able to carry electronic health records with us!

- 12Recommend

James

Pittsburgh [3 hours ago](#)

HIPPA is suppose to allow the access of secured patient information between other doctors, phamacies, clinics, hospitals, patients and insurance companies. The electronic system by law is suppose to do this.

- Recommend



HealedByGod

San Diego [8 hours ago](#)

I thought with ObamaCare all the problems in the health care system would go away? Apparently that's not the case. I've had elbow and shoulder surgery in the last nine months and I haven't had any trouble accessing my records. My GP referred me to the ortho guy and we sat there and looked at my record. Every time I go to any of the doctor's I get a very specific printout of what was done and why and the results.

- 1Recommend

kat

New England [8 hours ago](#)

I get a copy of every test result. If the test involves imaging, I also ask for a CD. I never have any trouble getting those, from either my doctors, the labs, the imaging places, or the hospital. I scan the paper (often they come digitally) into my pc so I always have them if I or a different doctor ever needs them. My internist gives me a copy of every report a specialist sends her, so I have those too.

- 6Recommend

Canary in coalmine

Underground [8 hours ago](#)

They charged me \$138 for mine. Although at face value, twenty bucks should more than cover their expenses. It wasn't like they had to do a whole lot of research either, as I requested it at discharge.

I did get the whole thing in ten days time without hassles.

- Recommend

Alex S

NY, NY [8 hours ago](#)

Two reasons patients need their charts: Second opinions and litigations...and the marketplace is so tightly regulated, and there is such a high barrier to entry that there is little incentive to provide better service. But only naive would think that ACA is the answer. Medicine is still longing for meaningful reform where incentives

are better aligned. Hospital records is only one small symptom of systemic disease...

- 3Recommend

Brown RN

Virgin Islands [8 hours ago](#)

Those of us in healthcare know that the patient has a right to her/his medical record. There is no excuse for the difficulty. And charging a patient to hear results of testing? That's just not right.

- 12Recommend

Randall Campbell

Pgh [8 hours ago](#)

I had a heart attack ten years ago and when I went to get the records they weren't available. The outsourced records company had eliminated them cause it was after the legal requirement to keep them. They don't care about the concerns of the patient, only the doctor.

- 10Recommend

Don S.

Small Town, CA [2 hours ago](#)

How can you criticize someone for not keeping medical records past the legal time prescribed for keeping them? Perhaps you should have requested the records within that prescribed period. Maintaining records requires space and labor. Does it always have to be the fault of the healthcare provider?

- Recommend

db

wv [8 hours ago](#)

I'm a doctor. The abuse of HIPAA is out of control. It is impeding patient care. It is one thing to not violate patients' privacy. This is

in the Hippocratic Oath and a professionalism issue. Being afraid to discuss a patient with their families and other doctors is just ludicrous. Our hospital even prohibits staff physicians from looking at their own records because that would violate their privacy. Hello, it is MY health.

- 33Recommend

I'm-for-tolerance

us [8 hours ago](#)

I'm the customer, I get the information.

Last summer I tried to get details of exorbitant bills paid for a simple broken foot. BCBS didn't know what the bills were for. Neither did the hospital. Nor did the doctors' office who said I had to talk to the UNNAMED doctors who supposedly treated me (one of two provided absolutely no value, neither ever even looked at my foot). I contested one bill, but it's clear that sunk like a stone and I will never be answered.

It's a scam.

- 27Recommend

NYHuguenot

Charlotte, NC [6 hours ago](#)

If BCBS paid the claim then they have the coded information required for payment. I get a statement from BCBS every time I am treated with those codes printed on it along with what they paid over my copays and deductibles. The statement also show the codes where they did not pay. Demand better service.

- Recommend



Dan Whittet

New England [8 hours ago](#)

Great article, I have found it almost impossible to get digital records which would be available in something like Microsoft Health Vault, although we hear every day how the NSA, the local authorities and your insurance company can access everything about you. Imagine if we could get good data about our health history and take it with us to the next physician? How many useless tests would that eliminate? One Doctor told me if I didn't like the paper filing system I could go somewhere else. How do we change this?

- 3Recommend

Grandma Chris

Ossining [8 hours ago](#)

Where are the insurance companies? Do they like paying for the same tests twice? It seems to me they encourage this by doing nothing.

- 7Recommend

anae

NY [8 hours ago](#)

My doctor has his secretary leave voicemails saying that test results were 'all okay.' The office holds the ACTUAL blood test results hostage until you pay them additional money - for copies. And wait 8-10 days, which somehow turns out to be 2-3 weeks. That means going to their office 2 times - once to request the results - and once to pick them up - unless they can't find the results - then it turns into 3 trips. Doctors don't seem to care how much of money and time they take from their patients. They just invoke HIPAA for everything.

- 22Recommend

NYHuguenot

Charlotte, NC [3 hours ago](#)

Find new doctors if possible. Mine mails me all the statistics from tests within a week with highlights of those that need work like sugar and cholesterol.

- Recommend

**Glenn Ribotsky, Chair, New York Road Race
OmbudsAssociation**

Queens, NY [1 hour ago](#)

Yes--and in my other "career" as health care advocate, I am often in the position of having to explain to medical staff--and that includes doctors--how they are misapplying HIPAA and how THAT might leave them open to lawsuits as well.

There really should be no reason that a patient cannot get his OWN medical records and test results any time s/he requests them (except, of course, for the economic reasons cited in this article). Staff that invokes HIPAA regarding getting one's own records are absolutely wrong in their interpretation of the statute and should be challenged immediately--and it's not a bad idea to carry around a copy of this:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

- Recommend

See All Replies



Anne-Marie Hislop

is a trusted commenter Chicago [8 hours ago](#)

I have not found a lack of co-operation, though I do believe it happens. I have a nursing background and have moved a fair amount in my life, so I keep track of all my own blood work. To get the actual results rather than an "everything's ok" response, I do have to make some effort. It is not so much that I meet resistance as that I have to specially ask for a copy of the blood work results, which I usually end up going and picking up.

My current healthcare, which happens mostly at a local hospital, includes an online system where they post results of tests as well as appointments.

- 1 Recommend

C'mon man

Bradenton [1 hour ago](#)

Every one wants to be their own doctor.

By the way, have you ever asked your lawyer to copy your file? Is it free?

- Recommend

NYT Pick

William Strauss

Ithaca NY [6 hours ago](#)

I run a small medical office and I recently read the NY state HIPPA statue which gives patients the right to their records within 10 days - for which they can only be charged \$.50 per page for processing.

In our office, we strongly feel that the doctor ordered labs, has a responsibility to interpret that information for the client and should get the fruits of the decision to perform the labs in the first place. In other words, if the doctor was smart enough to order the correct labs either ruling out various health concerns or better yet, confirming a diagnosis, then he or she should profit by seeing the process to a natural albeit interim endmaking the right call. If the doctor is good, he/she is invested. They want to help.

Yet HIPPA doesn't give this right to the doctor. Instead, HIPPA empowers the client.

As a business manager of a practice, I conclude that, as a sound business decision, we should trust the client and give them their records.

Mainstream medicine doesn't typically come to the same conclusion. This is big money business and doctors feel entitled because they work too hard and have a lot invested in their training. They want the nice car and a good retirement.

It's part of the fabric of medicine that doctors are stressed about

money and litigation. So they want control, protection, and remuneration. This is why they don't send back labs.

Or perhaps its just really bad customer service.

- 1Recommend

MD

Guilford, CT [6 hours ago](#)

I have never encountered a single problem in obtaining medical records from any doctor or any hospital. I have moved and requested records sent to new doctors. No problem, very simple and all the doctors offices I dealt with were pleasant and the records were sent quickly. I also was POA for my mother and had to request all her medical records when she moved. Again, no problems from any doctors or the hospitals. All these instances have been in the last 3 years. Not one request cost me a fee.

- Recommend

C Resor

wilson, wy [6 hours ago](#)

On a related matter, is it possible for an individual to sign a waiver that allows anyone to access his or her medical records without the individual's permission? In my case and, I suspect, in that of many others, this would be very helpful.

- Recommend

Ellie

Massachusetts [6 hours ago](#)

The law needs to make it impossible for physicians and hospitals to hoard a patient's records. Imagine if a bank or credit card provider didn't give you timely access to your balance, all your deposits, and all charges that have cleared against your account.

The article omits some important details about Mr. Drier's case. Why on earth was an out-of-network surgeon assisting on his back operation? Was he legally required to pay the portion of the \$117,00 bill from this surgeon that was not covered by his

insurance, even though he was under sedation and the bill came as a complete surprise? Did he sign any form before undergoing surgery that said, "I will pay all bills not covered by my insurance, even if an out-of-network surgeon is brought in whom I have never met and whose participation I did not solicit in advance?" If this sort of bill is allowed to stand, it's as if we are sanctioning medical robbery.

- 2Recommend

MLL

PA [3 hours ago](#)

There is a link to the article discussing these issues in the first sentence (Peter Drier is highlighted and underlined in my browser). If that link does not work for you, the article was published on September 20, 2014.

- 1Recommend

Surgeon

NYC [3 hours ago](#)

Those out of network fees are robbery on an elective case. Pity that medicine has degenerated into that. Lots of reasons for it.

The law in NY has changed, effective this spring. Won't happen anymore.

- 1Recommend

[See All Replies](#)

Spencer

St. Louis [6 hours ago](#)

I was formerly employed at a medical center that forbid its employees from accessing their own medical records under threat of dismissal for violating patient privacy. Go figure that one out.

- 5Recommend

carlson74

Massachusetts [6 hours ago](#)

Hiding medical records from the patients is an outmoded idea that needs repairing. An explanation of certain test results would just be so much simpler.

- 1 Recommend

Priscilla

Utah [6 hours ago](#)

Clearly different states and different providers have different rules, but recently I changed dermatologists and simply went in and requested copies of my seven years of records. I sat in a chair for about fifteen minutes while the records were found and printed. The records secretary put them in a manila envelope and I went on my way. I didn't even have to pay for the copies. So Ms. Rosenthal's tale of woe isn't true everywhere. It is as much anecdote as my experience and just about as statistically accurate as most anecdotes.

- 3 Recommend

NYHuguenot

Charlotte, NC [6 hours ago](#)

I've had 14 surgeries since 1999 for various things, back, gall bladder, nasal polyps, cut Achilles tendon by a bone spur. I need a few more. I find that if I ask for a copy at the time of treatment I get no argument and there has never been a charge. I have MRIs and X-Rays as well. I have put all of it on a couple of CDs and can print up whatever I want a new doctor to see. Asking for them later is not as easy as they have to be dragged up for copying. Even digital record keeping takes time. I see nothing wrong in billing for this information. Ask for the records when you are treated. If you are told no demand to know why. And make lots of noise until you do get them.

- 1 Recommend

SB

CA [6 hours ago](#)

This might explain why I had such difficulty extracting colonoscopy results from a California university medical center three years ago. I needed them because I live in both the US and Europe (where my first colonoscopy cost \$250.00 and came with fully transportable records) and I wanted to be able to show them to my French doctor as I had shown my French records to my California doctor.

- 6Recommend

Ben

NYC [6 hours ago](#)

HIPAA has to be repealed or revised. I am all for patient privacy but the law is so complicated, so full of perverse incentives, that it causes providers to behave in ways that are ultimately harmful to the patient.

Full disclosure: over a decade experience in the healthcare industry

- 5Recommend

Madeline Conant

Midwest [6 hours ago](#)

*In the midst of our efforts to make medical records more accessible to ourselves and other providers, let's not forget that there are SOME medical conditions and SOME patients who DO want certain records to remain very confidential. Make sure we build in strong safeguards.

*How about the rights of patients to look at their medical chart while they are being treated in the hospital? Anyone have experience with this?

*My experience is that getting copies of your own medical records is becoming business-as-usual, and hospitals are getting pretty speedy and responsive, especially the larger and better hospitals.

*HIPAA was a great idea in theory, but it was twisted and misinterpreted almost immediately upon implementation. Sadly, it impedes patient care more often than it protects privacy.

*What I resent most is the growing practice of health insurance

bureaucrats to monitor my PRIVATE treatment records in order to nag me about chronic health conditions. They offer financial incentives (which will no doubt morph into penalties later) to submit to their coercive tactics. This should be illegal. If the insurance company wants to charge people more based on diagnosis, just come out and say that's what they're doing.

- 7Recommend

Bunnee

Edmonds, WA [3 hours ago](#)

I have repeatedly requested my health insurance company to stop contacting me about my health care "issues." At one point, I simply asked why in the world would I want to talk to a stranger who has never met me about whether I should do something different to deal with my health care issues (diabetes and a recent heart transplant) when I'm being treated at an excellent medical center by professionals who specialize in treating these conditions. Of course, the caller agreed that probably didn't make any sense. Nonetheless, undoubtedly because of the costs of my care, I continue to get calls. I'm not even polite any more - I just refuse and opt out.

- 1Recommend

Sallie McKenna

San Francisco, Calif. [6 hours ago](#)

And yet another illustration of the joys of unfettered (mainly) capitalism. Some services do not accrue to the benefit of the public when they are subject to the tender mercies of profit. Medicine is one, public utilities (those things essential to the functioning of a modern society) are another, and we have privatized those one by one and will now kick up the volume given our election results....read the recent articles about our internet infrastructure as an example.

I feel less like a citizen and more like a corporate pawn hour by infuriating hour.

- 8Recommend

Chris

Long Island NY [3 hours ago](#)

The other option is the government could handle it. They do a great job at the VA. There you only have to wait 3 years and thats just to get permission to see a doctor.

- 1Recommend

rick

chicago [6 hours ago](#)

I'm sorry to say this, but this is a silly story. The reporter's identification of the problem is accurate, but the solution doesn't need to involved standing on your head. Write to the Joint Commission on the Accreditation of Hospitals and say "I requested my medical records more than 30 days ago, and have not received them." You will get them within 24 hours of making your complaint. Believe me.

- 8Recommend

Timothy Costich

Lexington, KY [6 hours ago](#)

I can view all my medical records at the University of Kentucky on line. No muss, no fuss.

- 1Recommend

RB

Miami, FL [6 hours ago](#)

I found it a bit surprising that the reporter didn't dig deeper into this topic and report about the "blue button" initiative to make it easy for patients to download their medical records online.

<http://www.healthit.gov/patients-families/blue-button/about-blue-button>

- 2Recommend

seeing with open eyes

usa [6 hours ago](#)

When the hospital where I spent 16 days for CDIF and MRSA infections caused by bad appendicitus operation, they tried to give me the runaround.

I simply said I would sue them, produced my lawyer's card, and left the building.

Seven days later I had copies of everything (about 1 1/2 inches of paper) including all physician notes sent to my home.

- 15 Recommend

MLL

PA [1 hour ago](#)

brilliant! Now I just need to find an attorney I can afford to keep on retainer...

- Recommend

Surgeon

NYC [3 hours ago](#)

You would have gotten them anyway. And you compromised your access to other doctors by threatening a suit.

Anybody who shows up in my office with a lawyer at their side (happens all the time) or makes reference to a lawsuit is shown the door.

Yes there is malpractice. No, it is never intentional. Intentional negligence is criminal. Vindictiveness gets you nowhere fast.

- Recommend

Steve

New York [1 hour ago](#)

Most lawyers will tell you that threatening suing someone usually is a stupid strategy.

- Recommend

NYT Pick

Alex

Indiana [6 hours ago](#)

People are entitled to easy access to their own health records. This comprehensive article covers the issue well.

In the old days, health care providers essentially owned medical records, though they had an obligation to provide copies in appropriate circumstances. But copying paper records was difficult, and hospitals viewed records as their property.

The HIPAA rules began to change this, by codifying patient's rights to their records. But a major issue is that privacy and data security, and easy patient access are, in practical terms, contradictory. It's hard to make records available to those entitled to see them, while at the same time enforcing privacy and data security. The penalties for security violations can be severe, probably too severe.

There are also technical issues; medical records are difficult for lay people to understand, and the quantity of data can be great, especially for images such as scans and biopsy slides, though technology and standards (such as DICOM for medical images) are catching up.

Private or government medical data repositories may help, though these have not yet caught on; Google Health tried this a few years ago and gave up; Microsoft and now Apple seem to be trying again.

We need improved regulations on data hospitals must share, and data standards for doing so. Penalties for some security violations need to be mitigated. Issues concerning accesses rights for third party care givers including family members must be addressed.

- 10Recommend

Dheep'

Midgard [1 hour ago](#)

"There are also technical issues; medical records are difficult for lay people to understand,"

Seriously ? I would challenge most of that assertion. They would like you to Think you can't understand the vast majority of their "Voodoo".

As I used to tell my Doctor of 40 years (when Medicine was Medicine) - Why do you think they call it a Practice? You are all still Practicing. And he was enough of a Doctor to Realize it was true & laugh.

As opposed to the "Physician" who had a Tantrum and shouted "I have a Degree. WHO do you think you are ,asking ME questions"? - when I questioned his diagnosis & treatment of my Wife. Who could have become Deaf due to his Mis-Diagnosis.

- Recommend

Thomas

New York [2 hours ago](#)

"It's hard to make records available to those entitled to see them, while at the same time enforcing privacy and data security."

No offense intended, but I think that's nonsense. The assertion that a provider must protect a patient's records from the *patient himself* is either a blatant lie or evidence that someone is so stupid that he shouldn't be walking around loose. My guess would be that the hospital fears that the patient might find some evidence of incompetence or malpractice.

- 1Recommend

Sofy Maxman

New York, NY [6 hours ago](#)

When I went to NYU Medical Center to see a new doctor, I was asked to sign acknowledgments that I had received both the HiPAA and billing policies. I asked to see the billing policy, and was told they didn't have it. I then asked to see the HIPAA policy, and was told they didn't have that, either. Yet dozens of patients were required to sign those forms. I was told I could not see the doctor until I signed. A call to the hospital's legal office straightened them out on that front, but it seems they hadn't had either policy in the doctor's office for as long as anyone could remember. Hundreds, maybe thousands, of patients were forced to

acknowledge receipt of policies that were not available. I doubt NYU is much different from other hospitals in its disregard of patients' privacy rights, and uses the privacy laws solely as a shield to withhold information from their patients to which the patients are legally entitled.

- 24Recommend

William Strauss

Ithaca NY [1 hour ago](#)

This is from the Legal Aid Society:

A covered entity must provide PHI (patient health info) to a patient (or her personal representatives) upon request. A patient also has the right to know to whom her PHI has been disclosed. The HIPAA Privacy Rule guarantees a patient's right to inspect, obtain a copy and amend her own medical records. Under the regulations, a patient is entitled to receive copies of her medical records within 30 days of her request. In New York State, a provider must permit access within 10 days of the request. N.Y. Pub. Health L. § 18(2)(a)(d)(e), N.Y. Mental Hyg. Law § 33.16(b)(1). Providers are allowed to charge up to 75 cents per page for copies of medical records, however, the release of records cannot be denied for inability to pay. N.Y. Pub. Health L. § 18(2)(e); N.Y. Mental Hyg. Law § 33.16(b)(6).

- Recommend

NYT Pick

Beth

Tucson [3 hours ago](#)

I advise my patients to request a DVD copy of any radiologic study at the time of the visit and have never had a problem. I also have a patient portal where all my patients can access their records for free whenever they want. However, I do not take a violation of HIPPA lightly, since as a doctor can face civil and criminal charges if in violation. I'm sure the same patient would be complaining on Yelp if the doctor violated their privacy. In my experience, Yelp will only publish negative patient reviews and deletes positive unless I pay for advertising, which I refuse to do as I

consider this extortion. Other small businesses have the same experience resulting in a class action lawsuit this year.

- 2Recommend

Great American

Florida [3 hours ago](#)

There is no integration, standardization of EMR/EHR or billing software.

Therefore, when a patient wants a copy of their medical records, or another office requests the records they can only be copied, emailed or faxed without direct access.

Integration and standardization of (electronic medical/hospital records) EMR/EHR and billing software would allow access to medical records by all providers involved in a patients care regardless of institutions or practices. More importantly, it would also allow for the tabulation and revelation of clinical outcomes, the only products produced by health care providers and institutions which would benefit both physicians and patients by demonstrating what are the best diagnostics and treatments for which patients and diseases and which institutions or doctors are doing this best and why they're the best.

There are 6 industries which pay millions of dollars to each member of the Federal and State legislatures in order to prevent integration or standardization of EMR/EHR or billing software. For these industries, revelation of clinical outcomes would be devastating; insurance companies, pharmaceutical companies, medical layers, EMR/EHR companies, and academics.

There are only four products produced and manufactured in health care, preventative, medical, surgical and palliative outcomes. Unless and until we reveal these outcomes via integrated and standardized EMR/EHR systems, health care will be empiric and billing fraudulent.

- 1Recommend

Resident (doc in training)

Cleveland [3 hours ago](#)

Our hospital's EMR releases or outpatient progress notes immediately and automatically after they are signed. Releasing full test results is a click of a button. The only thing the patient needs to do is sign up for a secure account, which they can do at their appointment.

The EMR also allows us to securely exchange info with any other hospital in the country on the same EMR. Instantly, as long as we sign off that we received consent to share information from the patient.

The only thing which isn't easy is transferring actual imaging (not reports), which is still reliant on CDs.

My point is: The problem you describe is not a problem with all doctors and hospitals, just those unwilling to change. The technology exists, and many centers of excellence already are using it.

- Recommend

Barbara Ellen

Buzios, Brazil [3 hours ago](#)

As always, the U.S.A. believes it is the most advanced country in the world. Here in "third-world" Brazil, our blood test results are posted online as soon as they become available, and we access the results using a password provided by the clinic. Then we bring the results to the doctor for a follow-up consult (at no further charge). This is done, in fact, for all tests, not just blood work. Ultrasound, bone density, doppler — doesn't matter. If you can't get a result online (mammograms, for example) you go and pick them up when they're available. All patients in Brazil get their exam results FIRST, and bring them to the doctor. Can you imagine? Doctor and patient then discuss the results and whatever treatment may be necessary together, one adult to another. Telling a patient that their results are "all okay" is backward, paternal, and shows a total disregard for the welfare and the intelligence of the patient.

- 6Recommend

elise

austin [3 hours ago](#)

A terrible impact of this law involves Mental health records, which even the family cannot see even if the mental condition could put them at risk! This is why we cannot do anything to keep guns out of the hands of mentally ill people, we are not allowed to even know who they are much less anything about their condition. This hiipa law is dangerous!

- 1Recommend

MM

new york [3 hours ago](#)

The idea that the only reason patients do not have access to their medical records is the providers' concern about patient retention is certainly overly simplistic. The cost of designing a system which would be complete, comprehensible to the average patient and not expose the provider to lawsuits because of release of medically sensitive information or because legal authorities deemed the records neither transparent nor complete enough, would surely be significant. That cost would be almost certainly be passed on. I am sure that better patient access to records could have an upside- perhaps transparency would lead to better and more efficient provision of care. However, as all NYT readers know healthcare costs are astronomical in the US. A call for a change to current standards of care should carefully examine both costs and benefits.

- 1Recommend

Chris

Long Island NY [3 hours ago](#)

Another great article by Mrs. Rosenthal. The one reporter who consistantly writes stories about the true problem with medicine. The cost. She also does so without advocating the lefts or rights agenda.

The other reason that hospitals and doctors probably dont want to release records is the fear of being sued. I was talking to an ER doctor who said he has been sued 30 times and he is consided the best doctor in the ER. I also spoke to a hospital adminstrator at a community hospital that said the hospital is sued "at least once a week." That is the society we live in where if you have a bad medical outcome you sue.

- 1Recommend

Surgeon

NYC [3 hours ago](#)

HIPAA went overboard in protecting privacy in that the law is very unclear and the punishments draconian.

The other issues are simple. Patients can get records. It does take a little effort, but any hospital or testing facility will mail them, usually at no cost or at most 75 cents a page.

The bigger issue is unlimited access to data. A 'simple' lab test a CBC (complete blood count) reports 10-20 values, many computer derived. No physician looks at most of the numbers (ask your doctor what a mean corpuscular hemoglobin is). However, these values are often just out of the normal range, or high or low normal. I spend countless minutes trying to explain to patients that these numbers in isolation mean nothing. MRI reports of the spine mention "disc bulges." Patients seize on this "pathology" with no background and determine that that is why they have pain, and want treatment/disability/etc.

My advice to the public is simple. Get your records if you want them just to have, or are transferring doctors etc. But do not read them by yourself. Pick a doctor you trust, ask questions but do not second guess. If you are not happy with what you are told, get another opinion from another doctor. Interpreting your own records will cause you more problems and generate more fear. I don't know of any MDs who seek to hurt people. We care. We're not infallible, but we care.

- 1Recommend

mld

North Tonawanda, NY [3 hours ago](#)

Obtaining your own records should not be a game. For many years, I served on NY State's Access to Patient Records Program panel for psychologists to hear record disputes. So, knowing the rules probably better than most people, when faced with obstinacy, I would ask if they would like to provide the records or else receive a phone call from the State Education Department. I invited them to let a supervisor decide. After asking that question, I always left with a set of records in my hands. As others have said, easiest to collect as you go. Also, those collected records proved invaluable

many times for a chronically-ill family member. We'd go to the ER with the latest bloodwork, imaging etc. Never had a problems leaving each ER with a full set of records after they had benefited from our records. Finally, for hospital inpatient records, it is critical to make certain the record is complete so you need to know the various sections of a medical record. Telling the records manager that you will sit down and go over all of it before leaving the office sometimes results in more records being found. This is a tough problem. We can't give in to the bullying.

- 2Recommend



Leslie

California [3 hours ago](#)

Do not be deterred. An "authorization for release of medical information" is laid out for use by other providers and insurance companies. Filling in the form incorrectly can inadvertently delay getting records.

Asked to specify which records? "All medical information" might suffice, but some forms (all vary) will need words like "medical encounters," "electronic messages," "laboratory results," "imaging reports," (tell them if you want copies of the actual images too - provided on CDs or DVDs with viewing software on the discs), "pathology reports," "consultations," "referrals," and "pharmacy records." Billing records are business records and may need a separate request. A pharmacy plan may need a separate authorization.

"Dates" include when the authorization for disclosure ends. A year from the request date can work. In that time, new visits and records may require an additional "authorization."

For doctor's offices and old hospital records that were on paper, retrieval from off-site storage may take some time. Young health workers may say "we threw those away," because they have never seen paper records. Be persistent.

Pathology, imaging and laboratories also have records, if your doctor no longer does. It sometimes takes hunting down the

former/current name(s) of those entities to find an 'ancient,' but critical report.

- 2Recommend

R. E.

Cold Spring, NY [3 hours ago](#)

I recently changed primary care providers and was shocked that to receive a copy of my own records I would need to pay a per page cost. Considering that the records are electronic this seemed ridiculous to me. I also found that the records would be provided for free to my new PCP at my request, but she was forbidden by HIPAA from providing a copy of the records to me. I know this law was enacted supposedly to protect patient privacy, but it has had very unfortunate unintended consequences and desperately needs to be revised.

- 2Recommend

Ana

Indiana [3 hours ago](#)

You want to talk about access to health records? Get rid of HIPAA. Just get rid of it. It's not run by HHS, it's run by the office for Civil Rights. Nice idea, but those yahoos aren't doctors. They don't care about ease of access. They don't care about medical care. They care about lawsuits, or rather, the prevention of them. In a time when people regularly post their chemotherapy regimens on their Facebook pages, they get completely bent out of shape if someone's last name is accidentally released to the public.

This is not about protecting hospitals' or doctors' bottom lines. The lack of adequate care in most parts of this country (outside of the major urban areas, of course) pretty much guarantees that people will go to whichever specialist or regular doctor is closest to them. It's about making the government look good because they're "doing something" to nominally protect privacy. Protecting their health is secondary.

- 4Recommend

Bruce

Princeton [3 hours ago](#)

Guess what? The problem has been solved, and should be available after the first of the year. It is called the Life-Link Network.

The Life-Link network is a medical data service that enables patients to instantaneously connect and share health information with health care providers regardless of where their treating doctors are located, which insurance plan they currently belong to, or where they have been treated in the past. In contrast to electronic medical records, which are health data systems controlled by and confined to an individual hospital, Life-Link is a secure cloud-based network that is available anywhere in the world. The Life-Link network is reachable by patients and their doctors from any web-accessible desktop, tablet, or smartphone, wherever or whenever it is needed: Across town or across the globe.

Health care inefficiencies, including unnecessary hospitalizations, repeat tests and redundant paperwork, contribute to an estimated \$750 billion in U.S. medical system waste each year. Say goodbye to all that!

Life-Link's coming, folks. You can't stop it!

- Recommend

Houston surgeon

Houston, TX [3 hours ago](#)

HIPAA has become an incredibly twisted policy. As other physicians have commented, the 3 major hospital systems in Houston also prohibit physicians and nurses from reading their own medical records. This is ludicrous and a waste.

Physicians and office staff are given yearly instructions on the release of medical records to a patient. The request must be in writing and if a patient wants to come look at his/her chart, a member of the office staff is supposed to sit with the patient while the chart is reviewed by the patient to ensure that nothing is "stolen". If the rules are not followed, the hospital threatens to fire the employee.

Hospitals are poorly run businesses with idiots for executives who have never cared for a patient. These executives feel that a patient's

chart belongs to the hospital and not to the patient. They want to make hard for a "competing" hospital to see the patient. Unfortunately, HIPAA has been interpreted by the government in a way that supports the hospitals.

- 5Recommend

McLean

Fl [3 hours ago](#)

With electronic medical records, patient charts can run up thousands of pages even for a short hospital stay. If a patient requests a copy of their hospital records, a traditional chart will cover a basic set of areas. Hospitals do not charge for sending records directly to a doctor's office. They are allowed to charge a patient for a copy, but usually do not. A dollar a page is the standard charge. For a legal case, attorneys know they need to send a formal request for release of information. Attorneys pay for these copies. A frequent ploy of attorneys is to send the patient to get the records free of charge....one of the reader comments showed this being done (this would be a legitimate reason for delay). Also, if Mr. Madrid (mentioned in the article) wanted his MRI results without going back to the doctor, he should have went to the center where the MRI was done. I also get annoyed returning to a doctor to get test results only to be told "everything is normal". But, it is really the best medical practice to have a follow-up exam to discuss results. Lastly, if you do want a general overview of what happened during your hospital stay, ask for a copy of the "clinical resume". This document is created by the doctor who was your main doctor while in the hospital. It may take some time for the doctor to get this information dictated, so you would need to wait until the record is complete (i.e. it probably would not be available on the day you are discharged).

- Recommend

Jen Sapane

SF [3 hours ago](#)

Thanks for writing about this! Getting one's medical records is critical to healthcare. It informs you about your doctor's assessment. It can help assure accuracy. Having pertinent records can be life-saving when traveling.

Medical records are often shared between doctors regionally. My records have had surprising errors, everything from he is an MD with 4 children; to medical conditions I don't have, "treatments" I never got, and "recommendations" that were never made. Most are small, innocent, errors, but there are also less innocent but common reasons records contain wrong information. For instance one doctor had noted that I received "counseling" for a chronic condition I don't have. I learned later that an extra fee is allowed for this "counseling". Unless I had checked the record and had it corrected, other doctors who looked at my record would assume I had that condition, and it would also raise my insurance risk.

HIPAA both at the federal level and (for me) state level protects patients access to medical records and privacy. It's hugely beneficial. In my state there's one massive health organization (already mentioned in comments) that routinely blocks access to medical records. As a last resort you can go through HIPAA and the state attorney general to try to get the records but even then, all the AG can do is request that the doctor comply.

Online records are increasingly popular, but there are important security and privacy issues involved.

- 1Recommend

NYT Pick

Jane

New Jersey [3 hours ago](#)

Obtaining medical records is not always in the best interest of the patient. What sense does it make for a psychiatric patient to read that the doctor believes the patient to be resistant, cold or lacking in social skills while the clinician is actually trying to gain the patient's trust?

Furthermore, years of medical school training offers an expert, educated, complete understanding & interpretation than the instant, foolhardy internet search after records are obtained. Too much information without the depth and breadth of experience can be dangerous. If it were that easy, then it wouldn't take so long to become a doctor.

- 3Recommend

NYT Pick

robert Bunning

washington DC [3 hours ago](#)

I work as an employed internist for a large DC Healthcare corporation. I recently had my annual physical with lab tests. I was told if I looked up the results of my own lab tests in the electronic medical record in would be a HIPPA violation. HIPPA violations can jeopardize my employment. As a physician, I can get my results through the acceptable channels reliably, but this provision of HIPPA seems absurd to me.

- 4Recommend

C'mon man

Bradenton [1 hour ago](#)

It might be a HIPPA violation, whatever that is, but I am not so sure it is a HIPAA violation, especially if you gave yourself written permission to see your records.

- 1Recommend

Andrew

NY [3 hours ago](#)

No worries. If you have an electronic medical record they are inaccurate, repetitive, frequently incorrect, and illogically obtuse. You would know less after their review than before!

- 1Recommend

Robin

Bay Area [3 hours ago](#)

I highly recommend Kaiser Permanente. Your medical record is online. You don't get surprise bills. The customer service is amazing. It really is a model for medicine.

- 2Recommend

K. Lee

Bay Area [1 hour ago](#)

Huh? Medical records of Kaiser ICU stay are not online. And when patient dies, Kaiser shuts down access to patient's account in nanoseconds. There is a significant charge for a copy of medical records and heaven help the patient who is ill on a Saturday. Kaiser's medical records department is closed on Sundays. When they are open, they will take days to gather "all" the information, as the article mentioned is a tactic used by some practices to prevent patients from seeking care elsewhere. The sad part is that the sicker and more desperate the patient, the more lucrative it is to the hospital to retain that patient.

It was humiliating to receive a bill for medical tests faster than the I could receive records/results of the tests.

- Recommend

mikem

chicago [3 hours ago](#)

Doctors wonder why their patients sue them. The bottom line is that belongs to me, not the hospital or doctor. My doctor if he does an MRI or Xray gives me a copy before I leave. I never asked. He's smart, or maybe he is hoping I'll go somewhere else. (I ask a lot of questions, they don't like that). Hospitals are far worse than doctors. My local sent me a bill that insurance refused to pay for. I don't blame them, it was outrageous. So I called to basically tell them to go pound sand. The woman at the hospital says if your insurance paid nothing we will give you a 35% discount. They knew insurance didn't pay, but, no discount unless you call and complain. Doctors can sometimes be a bit over bearing but I believe they mean well. Hospitals are evil. They are not there to help you, they have become corporate profit centers and will gladly save your life so that they can then impoverish you and wind up getting your organs to sell in the bankruptcy settlement.

- 6Recommend

chicago parent

chicago [3 hours ago](#)

Why don't patient medical records legally belong to the patient?
This should be changed.

- 2Recommend

John

New York [3 hours ago](#)

Two days ago my doctor called with the results of my blood tests. I live 2 blocks away so I stopped in for a copy within 10 minutes of the call. I have done this many times in the past and it took moments. Now I have to file for a release of information it took about 20 minutes.

Last year I needed old hospital information @ 50 cents a page, also requiring releases. The amount of bureaucracy surrounding MY OWN information for my use is incomprehensible.

- 7Recommend

C'mon man

Bradenton [3 hours ago](#)

The reporter failed to disclose how many pages of EHR copulated legible gibberish accumulated on the featured patient. I, for one, do not have time to wade through the thousand pages sent to me after 5 days in the hospital.

I can only wonder how the doctors have time to read all that jabberwock!

- 3Recommend

Houston surgeon

Houston, TX [1 hour ago](#)

You can say that again. The medical record has been taken over by IT morons who have never been in the same room with a patient. It is copy and paste; complete gibberish.

Doctors and nurses were excluded when the recent electronic medical records were developed. The recommendations of

consultants used to be easy to find. Often they were brief, only 5 or 6 concise lines, but very important. Now they are impossible to find in a mass of redundant information

- 1Recommend

Vincent Ferrara

Augusta, GA [3 hours ago](#)

I'm not sure HIPAA is even really necessary anymore. Sure, I understand if you have herpes, AIDS, syphilis, or some other embarrassing venereal disease, you might not want that to become public knowledge. But I thought the main reason was so insurance companies couldn't catch people committing fraud by lying about pre-existing conditions. Since they can no longer exclude people on that basis, I'm not sure why we still need it.

- 1Recommend

SecularSocialistDem

Iowa [3 hours ago](#)

The idea that HIPPA protects my privacy is tantamount to believing that the tooth fairy left a quarter under my pillow.

- 4Recommend

Times Rita

New Jersey [2 hours ago](#)

"Knock, knock"
"Who's there?"
"HIPPA"
"HIPPA Who?"
"Sorry, I can't tell you."

"HIPPA's rules" has become the buzz phrase used by countless medical professionals to increase their income. I have had numerous arguments with doctors and labs who use this excuse to have me schedule appointments - and pay for them - when I want to obtain my own information. When I challenge this, the answer quickly changes to "Well, it's office policy." Infuriating, and it

should be actionable. We need legislators to step up to the plate and make it illegal.

- 4Recommend

NYT Pick

PBeeee

Montana [2 hours ago](#)

HIPPA enforcement is a bad joke when updating my husband's hip surgery on Facebook or Gmail means getting targeted ads for orthopedic services. Its no surprise we see multiple hurdles when the person who IS the data point is the issue and virtually no restrictions when the nameless corporation who wants to BUY the data point is in the picture.

- 5Recommend

Marc

NYC [2 hours ago](#)

After receiving an examination from a recommended specialist, paying up front [via credit-card] and being stalled four times while calling on my mobile-phone TO GET A MEDICAL STATEMENT SO I COULD SUBMIT TO MY INSURANCE, I pointed out that I had the phone records to prove that I had called, and that my first step would be to dispute the credit-card charge. I received the statement the next day. This is typical of the attitudes of the workfare-entitled paper-pusher NON-HEALTH-PROVIDERS who permeate the medical-industrial '...organized crime syndicate...' as so aptly phrased by 'RC' in another comment on this article...

- 2Recommend

Elizabeth Brandt

CT [2 hours ago](#)

HIPPA/privacy is used as an excuse all the time! The intent of the HIPPA law was to protect patient information from disclosure WITHOUT the patient's consent. When I go to the medical lab & ask to have my test results forwarded to an additional doctor, the

staff refuses, saying that the ordering doctor must approve, because of HIPPA. This is reversing the HIPPA rules! I, the patient, have the right to decide who gets the information, not the lab staff! Who is paying the bill?

- 5Recommend

gunste

is a trusted commenter Portola valley CA [2 hours ago](#)

I am pleased to report that the two health services I use, Kaiser Permanente and the VA, both provide medical records on demand with a minimum of inconvenience and at no cost. I can go in and get copies of a CT scan, X-rays etc on disk and a printout of the professional evaluation reports from either system.

As a veteran with a minor disability pension, I get excellent service from the VA, where my primary medical provider calls me in every six months. He refers me as required. This provides an excellent second opinion for some cases where the diagnosis is not clear. Kaiser has gone downhill in quality and performance in some respect, though I go there if I need immediate appointments and treatment, since the VA is usually somewhat backlogged. KP ceased practicing preventive medicine and regular reviews long ago and now leave it to the patient to come in if medical attention is required..

Both organizations have excellent computerized patient records, which makes getting reports very simple.

- 1Recommend

Enobarbus37

Tours, France [1 hour ago](#)

In France, you are given a copy of all your records as a matter of course. I believe this is in the law.

- 2Recommend

C'mon man

Bradenton [1 hour ago](#)

This case shows but one example of the toxic impact that EHR devices have on medical care. For another example, review the

case of T. E. Duncan in the ER of a Dallas hospital in whom they missed Ebola as a result of EHR facilitated errors.

- 2Recommend

chh

Albuquerque [1 hour ago](#)

I have gone through pregnancies in the US, Israel, and China, and I can attest that the e-records systems in Israel and China were far superior to the patchwork mess in the US. They were faster, more efficient, secure, and totally compatible. The US is embarrassing in this respect.

- 2Recommend

Frank Miller

Bloomington IN [1 hour ago](#)

Dr. Michael Koch, a prominent urologist in Indiana, told me I could get off his operating table following a useless prostate biopsy despite seeing that I was pasty, and despite knowing he should not have done so. The first words I heard when I regained consciousness on the floor were “incident report”. Dr. Koch discharged me without checking my vita signs, and with a serious injury. When I called his office to ask for a copy of the incident report, I was referred to the “patient advocate.” The Patient Advocate office was under the supervision of a lawyer. They refused to give me the incident report, and told me that it was being withheld because it was conducted as a “blind review.” I explained that the blind review was to enhance objectivity by keeping the name of the doctor from the reviewers, and to keep the doctor from knowing who reviewed him. I explained that keeping me from seeing the review does nothing to enhance objectivity. Indeed, it served to hide the truth about Dr. Koch’s negligence. They had the power to hide the truth of what happened to me from me. The right and wrong of it did not matter.

- Recommend

Kenneth E. MacWilliams

Portland, Maine [1 hour ago](#)

I have no idea what Ms. Rosenthal is talking about or purportedly reporting on. In my experience her article is completely unrepresentative. Fifteen years ago I decided to keep complete copies of all -- as in ALL -- of my medical records. Never once have I had any difficulty or delay in obtaining them from the University of North Carolina Medical System, Columbia University Medical Center, Roosevelt Hospital, NYU Medical Center, Massachusetts General Hospital, Brigham and Women's Hospital (Boston), Portsmouth Regional Hospital (N.H.), Anna Jaques Hospital (Newburyport, MA), Maine Medical Center (Portland, ME), Mercy Hospital (Portland, ME), and probably two or three others I won't take the time to check on now, PLUS many, many private doctors' offices. Not once have I ever had a problem. My regard for Ms. Rosenthal is somewhat diminished by this article.

Kenneth E. MacWilliams
Portland, Maine

- 1Recommend

roger124

BC [1 hour ago](#)

Just to show how well things can work in BC when you get blood work done at non hospital lab you can get the results on line as early as the same day. These are for doctor order tests and not done in a hospital.

- Recommend

CB

St. Louis, MO [1 hour ago](#)

HIPAA, not HIPPA or even HIPPO has provisions that state that providers HAVE to give you access to your medical record. Will they? As the author states, probably not. As a guardian, parent and healthcare provider, I exercise my rights as needed. I've been hollered at, chewed out and cajoled NOT to get copies. I always calmly state that I am exercising my rights. If the doctor's office won't give you what you need, go straight to medical records. It's their job to do it. If you get hassle, keep going up the chain of command. If you are sending your records to another provider for a second opinion and they say they'll charge you, BALK IMMEDIATELY. There is no cost for this. Your best bet is to

transfer care to a provider who allows record access. It is worth the time and trouble, but can be a lot of work if you have providers in several medical systems or groups.

- Recommend



Moses

Pueblo, CO [1 hour ago](#)

Hiding behind HIPPA simply means that hospitals have something to hide.

- Recommend

nfu

Metro Philadelphia [1 hour ago](#)

I just called again Friday for my procedure report of a biopsy.

I think making it hard for patients to obtain their medical records stems from knowing that the records may be inaccurate and/or incomplete and they are afraid of being sued.

In the 1980's, at 23, I began to request my records because I was a trailing spouse with a complicated medical history. By the 1990's, I had a policy--if it has not passed by my eyes first, it is wrong. I refuse to let the office of someone that is going to treat me use records with inaccurate or incomplete information. As I shifted into elder care in the 1990's, procedures performed, or not performed, made the end of life for my in-laws and father miserable. A hospital forgot to transfer a DNR order to a cardiac rehab facility. For 45 minutes, after she died, she was pummeled. My dad's "morphine every two hours" was transposed to "twenty-two." My mom was told she had a mild heart attack. The report was of another male patient.

My breast cancer just returned. It's my body and I want a quality of life. I'm tired of doctors that do not listen, or disregard written documentation about my anatomy, or past history. I added another rule in the 2000's. I pick my anesthesiologist, and we meet before

the day of my surgery. I will smack the next one that doesn't listen and hurts me. A patient does not need any more pain and suffering than necessary.

I'm no dummy and am one of the growing numbers of questioning and educated consumers.

- Recommend

Great American

Florida [1 hour ago](#)

Integration and standardization of (electronic medical/hospital records) EMR/EHR and billing software would allow access to medical records by all providers involved in a patient's care regardless of institutions or practices. More importantly, it would also allow for the tabulation and revelation of clinical outcomes, the only products produced by health care providers and institutions which would benefit both physicians and patients by demonstrating what are the best diagnostics and treatments for which patients and diseases and which institutions or doctors are doing this best and why they're the best.

There are 5 industries which pay millions of dollars to each member of the Federal and State legislatures in order to prevent integration or standardization of EMR/EHR or billing software. For these industries, revelation of clinical outcomes would be devastating; insurance companies, pharmaceutical companies, medical lawyers, EMR/EHR companies, and academics.

- Recommend

Carole A. Dunn

Ocean Springs, Miss. [1 hour ago](#)

I think the HIPAA laws are a joke. It is delusional to think that anything electronically recorded is safe. At the same time that almost any hacker can tap into medical records, patients and the caregivers of patients are often left in the dark.

I was my mother's primary caregiver in her last years, and had her medical power-of-attorney. When she was being released from the hospital after a hip operation I asked the nurse for instructions on her care. The nurse said she told my mother, and my mother

understood. I informed the nurse that my mother wasn't paying one bit of attention to what she said, and was just smiling and nodding to be polite. The nurse said she couldn't give me care instructions because of HIPAA. I realized that I wasn't going to get any further with this idiot, and I went to the administration office and threatened to sue. A social worker was immediately dispatched to go back to the room with me and read the nurse the riot act. I then got very clear, written instructions.

At the clinic where I see my primary doctor, patients are asked to stand back a few feet from people signing in to protect their privacy. When you get up to the desk however, you can see everyone's names and birthdates on the sign-in sheet. Then, after you have waited awhile, a nurse comes to the door and shouts out your name. It's all so silly.

- 1Recommend

EAL

Fayetteville, NC [5 minutes ago](#)

You are absolutely right about sign-in sheets. My psychiatrist started using one a few months ago. It asks for not only my name but my weight, as well. I just don't sign in. They take my co-pay right there and notify my doctor, and don't seem to notice the difference. It's a smallish practice, and they all know me. I'm not sure why the sign-in sheet exists to begin with; I think a new office manager came up with the idea "because everybody does it." Dumb.

- Recommend

Emery

Oregon [1 hour ago](#)

This is more complex than hostage taking to keep a dissatisfied customer.

An old joke went like this:

A patient sneaks a look at his chart, sees "SOB", assumes the doctor is commenting on his personality and punches the unfortunate practitioner when they return from checking the X-ray, being unaware that SOB is the medical acronym for "shortness of breath".

30 years a doctor, in both paper and digital ages.

Legally the practice owns the chart, the patient owns the information in it.

Based on experience and observation, I think time presents a major deterrent to sharing a medical record. Time for the doc to explain, often in detail. Medical terms need translation, discussion is requested as to rationale. Often a patient requesting a chart is unhappy. This may be due to concerns about what another physician has said or done, as well as perhaps wanting to switch. Unless the discussion is held face to face, time spent is not billable. So, to a doctor, this means a possibly tense and time sucking visit or else the risk of misunderstanding with bad ratings online or worse to follow.

Smaller practices may not have encryption sufficient to share records confidentially on line. Larger academic or corporate clinics have a easier time providing records digitally. The electronic records systems used many places provide an "after-visit summary" to the patient, covering basic conclusions and plans. This however does not nearly meet the information needs alluded to in this article.

- Recommend

London

London, UK [1 hour ago](#)

Shocking that medical records are the property of doctors and hospitals and not the patients. A simple solution: My medical records should be my property. Your medical records should be your property. This is the easiest way to give all of us rights that can't be so easily abused. Keep it simple.

- Recommend

Mikael

Los Angeles [1 hour ago](#)

Yes, the US health care system has a world famous owing to its idiocy ... It has been so for a long time. But after introduction of the ill-fated Obamacare situation is worsened unfortunately. But now we have such a funny stories and constant topic to talk at lunch.

- Recommend

C'mon man

Bradenton [5 minutes ago](#)

When hospital personnel do not want to talk to you, they invoke HIPAA. However, when they want to do surgery or some other remunerative procedure, they will call you at 3 am. And when you find an error in the EHR jibberish they sell you, and demand it be corrected, they are unable to correct the misinformation in the computer. Finally, when they truly screw up with an EHR and CPOE facilitated error, they are able to go into the EHR and "fix" the record.

- Recommend

Hazel M White

Missouri [5 minutes ago](#)

Over the years, I have been asked by far too many medical offices to sign that I've seen that privacy agreement. Over the same years, I think I've actually been handed a copy of that agreement less than a half dozen times. When I question such, I'm told "no one wants to see it".

- Recommend

EAL

Fayetteville, NC [5 minutes ago](#)

Reading this article makes me wonder why everyone gets so upset about the VA not being able to integrate its computer systems. It would make a lot sense to do so, since the computer system for active-duty soldiers currently can't talk to the VA's system, which the soldiers need when they get off active duty. But if the government is supposed to be so inept and the private sector so smart, then why make a fuss about something the private sector can't do either?