

Confidentiality of Credentials Files

Medical Staff Policies & Procedures	
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PURPOSE: To provide a mechanism to maintain the confidentiality of all records, discussions, and deliberations relating to credentialing, peer review and quality improvement activities that may be maintained in a practitioner’s credentials file. Disclosure of the aforementioned shall be permitted only as described in this policy.

LOCATION AND SECURITY:

All credentialing records shall be maintained under the care and custody of the JSUMC Medical Staff Services personnel. The office where credentialing records are stored shall be kept locked, except when an authorized representative or medical staff professional supervises access. Records stored electronically shall be protected by passwords and read/write controls, as administered by the Manager, Medical Staff Services.

AUTHORIZED REPRESENTATIVES:

Authorized representatives shall be: Manager, Medical staff Services, Medical Staff Services personnel, Chief Medical Officer, Officers of the Medical Staff, Credentials Committee, Medical Executive Committee, Department Chairs or Section Chiefs, Hospital President and Board of Trustees. Access by these representatives shall only be to the extent necessary to perform their function in their respective roles.

ACCESS TO RECORDS:

An individual permitted access under this section shall be afforded a reasonable opportunity to inspect the records and to make notes regarding the requested records in the presence of an authorized representative or Medical Staff Services personnel. In no case shall an individual remove or make copies of any records without express permission.

A. ACCESS BY NON-JSUMC INDIVIDUALS PERFORMING OFFICIAL FUNCTIONS:

1. The following individuals may access credentialing records to the extent described:
 - a. Representatives of the following regulatory or accreditation agencies may access credentialing information to fulfill their responsibilities when approved by the Manager of Medical Staff Services, Chief Medical Officer or Hospital President:
 - i. The Joint Commission
 - ii. Centers for Medicare and Medicaid Services
 - iii. New Jersey Department of Health
 - iv. Other Regulatory agencies such as Magnet
 - c. Files leaving Medical Staff Services office are to be accompanied by a Medical Staff Services personnel at all times
2. An individual physician may review his or her credentials file under the following circumstances:
 - a. Review of the file is accomplished in the presence of the Medical Staff Services personnel, officer of the medical staff, or member of the credentials committee.
 - b. The physician understands that he or she may not remove any items from the credentials file.
 - c. The physician understands that he or she may add an explanatory note or other document to the file.
 - d. The physician understands that he or she may not review confidential letters, references, or the National Practitioner Databank reports received during the initial appointment or any subsequent interval.
 - e. No items may be photocopied without the express written permission of the Chief Medical Officer or Medical Staff President or their designee.
3. All subpoenas pertaining to credentialing files shall be referred to the Manager, Medical Staff Services, who will consult with Risk Management Department regarding an appropriate response.