



Vice President and Chief Executive Officer of the Medical Center

MEDICAL CENTER POLICY NO. 0244

- A. SUBJECT: Electronic Medical Record Access Auditing
- B. EFFECTIVE DATE: July 1, 2012 (R)
- C. POLICY:

Patient information including demographic and medical data contained in, or obtained from, the University of Virginia Medical Center Electronic Medical Record is considered to be confidential data. The Electronic Medical Record consists of those portions of the Medical Record defined in [Medical Center Policy 0218, "Definition, Characteristics, Authentication and Maintenance of the Medical Record and Designated Record Set"](#), section D and managed by the responsible party indicated. Individual access to the Electronic Medical Record Information Systems may be audited in order to ensure compliance with federal and state law and Medical Center policies, including Policy No. [0021, "Confidentiality of Patient Information"](#), No. [0163, "Access to Electronic Medical Records and Institutional Computer Systems"](#), and [0227, "Protection of Electronic Information and Information Systems"](#).

D. PROCEDURE:

1. Access audits to review concerns about individual instances of access may be requested by patients or their legally authorized representatives, Medical Center Administration, Patient Safety and Risk Management, Patient Representatives or the Corporate Compliance and Privacy Office. All requests shall be made to or forwarded to the Corporate Compliance and Privacy Office for review. Managers of departmentally supported Information Systems that contain a portion of the Electronic Medical Record will perform similar audits within such systems' capabilities.
2. Random privacy audits are performed by the Corporate Compliance and Privacy Office on an ongoing basis to audit, trend, and advise leadership on the effectiveness of physical and administrative safeguards for protected health information.
3. Audit results shall be reviewed by the Corporate Compliance and Privacy Officer, Health System Technology Services and applicable managers to determine whether there has been inappropriate access that requires follow-up action. The manager from each area shall be consulted to determine who has "need to know" access to the records selected.
4. Upon completion of an audit, which may include further consultation with an employee's manager, the Corporate Compliance and Privacy Officer shall provide a Letter of Inquiry to any employee whose access is in question. The employee shall be asked to clarify in writing the reason for the access. Any unauthorized access shall be communicated to the manager for follow

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up. The manager shall work with Human Resources to determine appropriate sanctions if required.

5. Audit results are reported to the Health Information Management Subcommittee and the Corporate Compliance Steering Committee.
6. General Data Auditing Requirements

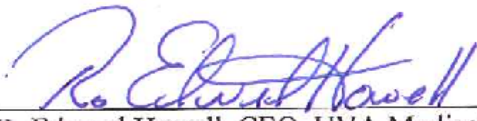
Patient confidentiality audits may include a review of the following:

- Which users accessed which patient's data;
- Which patients a user accessed using his/her approved access;
- What data/documents were updated/viewed;
- What access pathway was used;
- When the access occurred.

Audit data shall be retained for two years by the responsible party listed on [Medical Center Policy 0218, "Definition, Characteristics, Authentication and Maintenance of the Medical Record and Designated Record Set"](#).

7. The Corporate Compliance and Privacy Officer shall determine any additional audit requirements for access to specific computer systems, as a post-access monitoring tool to evaluate compliance with the HIPAA requirement that workforce and others access only patient information needed to carry out their authorized activities.

SIGNATURE:



R. Edward Howell, CEO, UVA Medical Center



DATE:

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Approved March 2003

Revised June 2006, June 2009, June 2012

Approved by Interim Chief Technology and Health Information Officer

Approved by Medical Center Administration