

Position Statement on Confidentiality of Electronic Health Information

Approved by the Board of Trustees, July 2015

Approved by the Assembly, May 2015

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Computerization of medical records can bring clear-cut benefits to the delivery and quality of health care, including psychiatric treatment. Electronic health records (EHRs), as well as the sharing of information via health information exchanges (HIEs), can raise significant security challenges and potential threats to patients’ confidentiality. Government intelligence agencies, such as the NSA, are reported to be able to access the personal health information of patients by bypassing built-in security and encryption features of EHRs and HIEs. Psychiatrists have an obligation to advocate for EHR and HIE policies, features, and implementations that allow the sharing of medically necessary information to enhance care, as well as to support a culture of confidentiality and respect for patients’ privacy and their preferences in the electronic storage, access, and sharing of health information.

APA POSITION:

Patients should be able to benefit from the potential improvements in the delivery and quality of care with electronic health records (EHRs), without being forced to relinquish the privacy and confidentiality of their personal health-related information. Patients should also be able to enjoy the care coordination benefits provided by EHRs and health information exchanges (HIEs) without having to share all or none of their information, i.e., they should be able to identify classes of data for more restricted access. Approaches to accessing health information via EHR and HIE should consider the diverse settings in which electronic health information will be used, including its use in emergency and other acute settings where rapid access to medically necessary information is essential. Such approaches should also consider that patients have a broad range of needs, preferences and abilities to provide informed consent about the implications of electronic record access. At the very least, computerized records should give patients as much control over their information as they have with paper-based records. Electronic health record design and implementation should leverage technology to give more flexible approaches to access for sensitive information. Government organizations or other third parties should not be able to inappropriately access electronic health information by bypassing built-in security and encryption features of EHRs and HIEs. As health information technology continues to advance and evolve, the complexities and potential consequences of computerized records make it essential for psychiatrists to be aware of the implications for their patients and advocate for a culture of confidentiality and respect for patients’ privacy preferences.