Title: PROTECTION OF THE CONFIDENTIALITY OF PROFESSIONAL STAFF RECORDS
Policy Number: CO 1.2

Regulation Reference: NCQA CR1.A

Effective Date: 4/1/2012
Revised: 3-31-16, 2-28-18, 5-24-18, 9-27-18, 2-28-18, 10-31-19, 2-27-20
Annual Review Date: 3-26-19, 1-30-20

Policy Statement:

It is the policy of Paul L. Foster School of Medicine (PLFSOM) to provide a safe, permanent repository for files of all Professional Staff members and applicants. Accordingly, disclosure of Professional Staff records shall only be permitted under the conditions set forth in this Policy and Procedure.

Procedure:

1. Location and Security Precaution

   Each member of the Professional Staff has a credentials file on the credentialing electronic and/or paper file that is maintained in the Credentialing Office. The file cabinets shall be locked except during such times Credentialing Office employee is physically present. The security of the credentialing software is in accordance with the PLFSOM IT Security policy.

2. Access by Personnel

   Departmental Chairs or designees, PLFSOM Credentials Committee members, MPIP Policy Committee members, the Dean or designee and the Credentialing Office Staff shall have access to professional staff records to the extent necessary to perform official functions.

   a. Access by Personnel above or Professional Staff Functions

      All requests for Professional Staff Records by personnel above within the PLFSOM Ambulatory Care Clinics and Professional Staff shall be presented to the Credentialing Office Director. A person permitted access under this policy shall be given a reasonable opportunity to inspect the records in question, under supervision and to make notes, but will not be allowed to remove them from the Credentialing Office or to make copies of them. Removal or copying shall only be allowed upon the permission of the Associate Dean Office of Clinical Affairs or his/her designated representative.

      - Departmental Chairs or designees shall have access to all Professional Staff records pertaining to the activities of their respective departments.

      - Professional Staff Committee members shall have access to the files in committee meetings of which they serve and to the credential and peer review files of practitioners whose competency or performance the committee is reviewing.

   b. Access by Practitioners to their own Professional Staff Credentials Files.

      A practitioner may have supervised access to his/her own files during office hours (8 a.m. – 5
Credentialing Office Policy and Procedure

The files may not be removed and may be read only in the presence of Credentials Office personnel. If any complaints are contained in the files, a written summary of complaints, deleting the names of the persons making the reports, will be placed in the files before it is made available to the individual practitioner. The Credentialing Office shall notify the individual when a written summary is required. If a written summary is required, it will take approximately two days before the files will be made available to the particular practitioner. This policy does not require PLFSOM to allow a practitioner to review references or recommendations or other information that is peer review protected. These will be removed from the file before review.

c. Access by other PSFSOM officials will only be permitted, if approved by the Office of General Counsel.

3. Request by Persons or Organizations Outside of PLFSOM or its Professional Staff.

a. Routine Requests for Information: If a practitioner has not encountered disciplinary or peer review problems at PLFSOM, or been denied privileges at PLFSOM, then Credentialing personnel may respond to a request from another hospital or its medical staff. The request must be accompanied by the practitioner’s signed consent to release information statement. Such routine requests must include notification that the practitioner is a member of or applicant to institutions Medical Staff. Disclosure of information shall be limited to the following: practitioner’s status and category, dates affiliated with PLFSOM, and type of privileges granted.

b. If a practitioner has been the subject of corrective action at PLFSOM, special care must be taken. All responses to inquiries regarding that practitioner shall be reviewed and approved by the Director of Credentialing Office who will seek consultation from Legal Counsel.

4. Request by Accrediting Organization, Governmental Surveyors or Managed Care Organizations

Surveyors associated with accrediting, governmental or managed care organizations (TJC, NCQA, TDI, BCBS, Aetna, etc.) shall be entitled to inspect Professional Staff Records on the premises in the presence of Credentialing Office personnel provided that no originals or copies are removed from the premises and the surveyor has:

a. Specific statutory, regulatory, or other authority to review the requested materials, and
b. Provided a written statement that the materials sought are directly relevant to the matter being investigated, and

b. That the materials are the most direct and least intrusive means to carry out the survey or a pending investigation, bearing in mind that credentials/quality files regarding individual practitioners are strictly confidential.

5. Subpoenas

All subpoenas of Professional Staff Records shall be referred to the PLFSOM Office of General Counsel Professional Liability Division.

6. Confidentiality Statement Form

All Committee and staff members shall review and sign the confidentiality statement form annually.
7. Professional Staff Records Retention

All professional staff records must be archived for 11 years, starting from termination/inactivation date from the professional staff.

8. Policy CO 1.2 will be reviewed with any new hiring staff or members of the Credentials Committee, within 90 days of hire. Policy will be reviewed with all staff and committee members on an annual basis as part of employee training / annual review of policies.

9. Integrity of Credentialing Files.

Per policy CO 1.3 – Right of Notification and Correction of Information, CO 1.5 – Initial Application / Appointment to Professional Staff, and CO 1.6 – Reappointment / Re-credentialing Application to Professional Staff, staff will date stamp and initial all received application forms, supporting documentation, primary source verifications, and any corrections by the practitioner or primary source verification. All documents received are reviewed by the Credentialing Office staff and tracked via the provider checklist and electronic database.

Documents received are never modified by the Credentialing Office. Updates are only made to the database system when corrected forms are received by the provider or the primary source verification, in order to maintain accuracy of provider’s data.

Credentialing Director or Manager will review the credentialing staff work at the time of initial credentialing and at the time of each subsequent re-credentialing. Additionally, external audits feedback will be reviewed annually.

Electronic documents are stored in systems that are password protected and only accessible by the Credentialing Office, and will comply with Texas Tech University Health Sciences Center El Paso Policy HSSEP OP: 56.01, Use of Information Technology Resources.

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<td>Signatory approval on file by:</td>
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<td>Juan B. Figueroa, M.D., Chair, TTUHSSEP PLFSOM Credentials Committee and Director of Clinical Operations</td>
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