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Standard Guide for Individual Rights Regarding Health Information[1]

This standard is issued under the fixed designation E 1987; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This guide outlines the rights of individuals, both patients and providers, regarding health information and recommends procedures for the exercise of those rights.

1.2 This guide is intended to amplify Guide E 1869.

2. Referenced Documents

2.1 *ASTM Standards:*

E 1869 Guide for Confidentiality, Privacy, Access, and Data Security Principles for Health Information Including Computer-Based Patient Records[2]

3. Terminology

3.1 *Definitions:*

3.1.1 *access*, *n*—the provision of an opportunity to approach, inspect, review, retrieve, store, communicate with, or make use of health information system resources (for example, hardware, software, systems or structure) or patient identifiable data and information, or both. **E 1869**

3.1.2 *authorize*, *v*—the granting to a user the right of access to specified data and information, a program, a terminal or a process. **E 1869**

3.1.3 *confidential*, *adj*—status accorded to data or information indicating that it is sensitive for some reason and needs to be protected against theft, disclosure, or improper use, or both, and shall be disseminated only to authorized individual or organizations with an approved need to know. Private information which is entrusted to another with the confidence that unauthorized disclosure that will be prejudicial to the individual will not occur. **E 1869**

3.1.4 *disclose*, *v*—as related to health care, to access, release, transfer, or otherwise divulge protected health information to an entity other than the individual who is the subject of such information **E 1869**

3.1.5 *health information*, *n*—any information, whether oral or recorded in any form or medium *(1)* that is created or received by a healthcare provider; a health plan; health researcher, public health authority, instructor, employer, school or university, health information service or other entity that creates, receives, obtains, maintains uses or transmits health information; a health oversight agency, a health information service organizations, or *(2)* that relates to the past, present, or future physical or metal health or condition of an individual, the provision of health care to an individual, or the past, present or future payments for the provision of health care to a protected individual; present or future payments for the provision of health care to a protected individual; and *(3)* that identifies the individual; with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. **E 1869**

3.1.6 *information*, *n*—data to which meaning is assigned, according to context and assumed conventions. **E 1869**

3.1.7 *informational privacy*, *n*— *(1)* a state or condition of controlled access to personal information, *(2)* the ability of an individual to control the use and dissemination of information that relates to himself or herself, *(3)* the individual's ability to control what information is available to various users and to limit redisclosures of information. **E 1869**

3.1.8 *privacy*, *n*—the right of an individual to be left alone and to be protected against physical or psychological invasion or misuse of their property. It includes freedom from instruction or observation into one's private affairs the right to maintain control over certain personal information, and the freedom to act without outside interference. **E 1869**

3.2 *Definitions of Terms Specific to This Standard:*

3.2.1 *external disclosure*, *n*—disclosure outside an organization.

3.2.2 *internal disclosure*, *n*—disclosure within an organization.

4. Background

4.1 The health information in patient records documents the course of a patient's illness and treatment during each episode of care. It serves as an important means of communication between the physician, other healthcare professionals, and subsequent caregivers.

4.2 Health information primarily supports the delivery of patient care but is commonly used for health care payment, research, public health, management and oversight purposes.

[1] This guide is under the jurisdiction of ASTM Committee E31 on Healthcare Informatics and is the direct responsibility of Subcommittee E31.25 on Healthcare Management, Security, Confidentiality, and Privacy.

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[2] *Annual Book of ASTM Standards*, Vol 14.01.

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