

## SECTION I

# Professional Ethics

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Section I clarifies the importance of ethical expertise when managing health information. Chapter 1 (**Professional Values and the Code of Ethics**) identifies values and obligations of the health information management (HIM) professional and those who work on behalf of patients, including healthcare providers, information technology and business professionals, administrators, and executive officers. A review of the codes of ethics for health information management professionals, nurses, and physicians identifies shared values and obligations that can serve as a foundation for building an ethical health information system that supports interdisciplinary collaboration. Chapter 2 (**Ethical Decision-Making Guidelines and Tools**) describes ethical theories, principles, and tools that are important when making ethical decisions. This chapter introduces a framework

for an ethical decision-making process that can help HIM and other healthcare professionals make decisions and justify a course of action. This decision-making matrix is used for the analysis of all the scenarios in this book. *Ethical scenarios*: “Decision Making for an Adolescent” and “Access by Adolescents to Patient Portals.” Chapter 3 (**Privacy and Confidentiality**) discusses the primary ethical obligation of protecting patient privacy and confidentiality in an era of increasing demands for access to health information, medical identity theft, and increasing use of social media. Related issues raised by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the 2009 Health Information Technology for Economic and Clinical Health (HITECH) are explored. *Ethical scenarios*: “Family and Friends: Should I Tell?” and “Share Information on Facebook?”



# Professional Values and the Code of Ethics

Laurinda B. Harman, PhD, RHIA, FAHIMA

Virginia L. Mullen, RHIA

Frances H. Cornelius, PhD, MSN, RN-BC, CNE

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## Learning Objectives

After completing this chapter, the reader should be able to:

- Understand the roles, professional values, and ethical obligations of health information management (HIM) and healthcare professionals, including healthcare providers; chief executive, information, or operations officers; vendors; information technology and data analytics experts; researchers; and public health professionals.
- Appreciate the complexities for the protection of patient privacy and confidential information across the continuum of the healthcare and health information systems.
- Describe ethical challenges and opportunities for healthcare information systems.
- Understand the importance of the professional American Health Information Management Association (AHIMA) Code of Ethics and the values that are embedded in other Codes, with a focus on HIM and nursing.
- Identify changes in the information and healthcare systems that have resulted in ethical issues.
- Appreciate the importance of the intersection of professional discipline expertise and ethics.

## Introduction

This chapter describes the importance of ethics for the health information management (HIM) professional and those who work on behalf of patients, including healthcare providers, information technology and business professionals, administrators, and executive officers. Ethical challenges and opportunities for improvement are discussed in the context of **ethical decision-making** guidelines; privacy and confidentiality; data analytics; compliance, fraud and abuse; coding; quality management; research and decision support; public health; longitudinal care; clinical care at the end of life; electronic health records; information security; information technology and biomedical instrumentation; information governance and management; integrated delivery systems; digital health related to health information technology and information exchange; genetic information; adoption information; substance abuse, behavioral health and sexual information; digital health for consumers, patients, and caregivers; management and leadership; entrepreneurs; vendor management; advocacy; and future information systems. There is an exploration of the ethical issues that surface in the paper-based, electronic health record systems (EHRS) and hybrid (paper and electronic), all of which are currently operational in the health information

system. Based on a review of several professional codes of ethics, the chapter presents values and obligations that are shared. A framework for building an ethical health information system that supports interdisciplinary **collaboration** is presented. The summary includes a discussion of the importance of the intersection of professional discipline and ethical expertise.

## Ethical Dilemmas for the HIM Professional

The healthcare environment is complex, constantly changing, and involves many people who have both shared and competing professional obligations and **values**. The current healthcare environment creates ethical perplexities, and making ethical decisions requires courage. An employee could lose a job, be harassed as a “whistleblower,” and create conflicts with other employees and managers for wanting to do or not to do something outside of the norms of practice.

The health information system supports the needs of patients, healthcare professionals, administrators, financial systems, the community, and those involved in research and education, and the system is in transition. Some consist of handwritten notes, and some are designed as highly sophisticated electronic health record systems (Amatayakul, 2013). Hybrid systems have both handwritten and electronic documentation. A patient’s medical record, whether handwritten or electronic, is the primary communication tool for the entire healthcare team. Documentation in the record allows those taking care of patients to review what they or others have done or are thinking about doing on behalf of a patient. As a communication tool, it is both science involving facts (test results or vital signs) and art involving interpretation and the application of a professional perspective (progress notes, consultations, or differential diagnoses).

The busy **health information management (HIM) professional** must be able to quickly, yet carefully, assess complex ethical situations. Some of these issues are more likely to surface in paper-based systems, and others in hybrid systems or a

fully functional EHRS, with direct input and output from multiple electronic applications. Below are just a few of the ethical issues that can surface in the health information system.

## Coding and Financial Reimbursement

- A physician allows a signature stamp to be used by nurses and clinical unit assistants to complete paper-based medical records, which is in clear violation of the hospital’s rules and regulations. The medical staff leaders and hospital administrators know that this is happening, but the HIM professional is told to “look the other way” because quick completion helps with the billing process and the hospital needs the money.
- The chief financial officer (CFO) allows documentation in the medical record that does not support the bill that has been generated. In a paper-based system, there is a pattern by the physicians to do the documentation retrospectively (sometimes weeks or months after the patient has been discharged), which means that the documentation is of questionable accuracy.
- The coder is asked to *upcode*, which will result in a bill for a higher level of care than what was actually provided, inappropriate higher payment, and inflated clinical data, and to *unbundle* service codes so that each procedure or service is billed separately, resulting in inappropriate higher payment to the hospital (Chapters 5 and 6).

## Accreditation and Regulation

- An HIM student at a small facility observes the following: incomplete medical records were placed in a rental truck in the parking lot during an accreditation survey, and a board of trustees member called, asked for, and was given patient information about a local politician.
- The number of delinquent medical records far exceeds the percentage allowed by accreditation standards. The chief executive officer (CEO) has made it very clear that the reported number should not exceed

the allowed delinquency rate, and that the HIM professional will be fired if the correct number is reported.

- A surgeon begins the dictation of an operative report with “Please type the date of dictation to be the same as the date of the surgery.” The surgeon makes this request to ensure compliance with accreditation standards and hospital policy; however, the report was dictated one week after the operation.
- Regulatory required quality-audit data are not favorable to the facility, and are administratively and politically unpopular. It has been made clear that the job of the quality management director is in jeopardy if the true outcomes are **disclosed**.

## Vendors and Software Applications

- A request for proposal (RFP) will be sent to several vendors in a few months. One of the vendors who will be submitting a proposal offers an expensive gift that is needed by the department, and the director of the department is also offered a trip to the corporate headquarters, which is across the country in San Diego.
- New software has not been fully tested and has proven to be unreliable, yet the chief information officer (CIO) is demanding implementation of the new system.
- Dictated histories, physicals, and discharge summaries are being outsourced through telecommunication to a foreign country for transcription. The contract has no guarantees for language and medical terminology expertise, patient privacy, and employee competencies. The original vendor outsourced the contract to another vendor, without notifying the hospital. The hospital finds out about these transactions when an employee from the foreign country calls and says, “I won’t release your reports until I get a raise.”

## Sensitive Information

- The insurance company requests patient information in order to pay for an appendectomy. A copy of the history and physical

is requested, and this documentation contains sensitive information related to a psychiatric disorder and alcohol abuse, which did not affect the appendectomy.

- A patient’s genetic information is released in response to a valid request. The information is then used to discriminate against the patient with regard to employment and health insurance.

## Research

- A principal investigator (PI) of a major research project is also a practicing physician. This researcher has gained access to clinical patient information that is not part of the research study and wants to place research outcomes in the patient’s medical record and the clinical database for the hospital. The patients are not being contacted for their authorization for release of the information in either of these instances.

The HIM professional is responsible for the system that supports documentation on behalf of patients. The general public trusts that the system will protect their privacy. That **trust** requires careful consideration of both professional and ethical expertise for all members of the health-care team. Their duty to patients requires trust and adherence to ethical standards.

## The Health Information System: Then and Now

An overview of the health information system—past and present—will help to frame some of the ethical issues. This section includes a review of the U.S. healthcare system, documentation practices, access and security, coding and reimbursement, and the use of technology as the changes have influenced health information and health-care systems.

## The Healthcare System

In the past, most health care was rendered in the patient’s home, and the physician made “house calls” or performed examinations in a small private physician’s office. With this type



of personalized service, lawsuits were extremely rare. A transition occurred in the 1940s that shifted care almost exclusively into hospitals, multi-physician offices, or nursing homes. Separate medical records were compiled over the span of a patient's life, from birth to death, and were maintained in the various locations where they were generated; however, these records were not linked in any way. A patient could not be guaranteed that important information would be available for a particular provider from the various locations. A common example was that physician's office documentation was rarely available if the patient was hospitalized.

Patients were admitted to the hospital even if they were not necessarily ill. A physician could admit a patient for an annual physical examination (which could take a week and the patient was not ill, just getting tests) or other diagnostic workup, such as, an upper gastrointestinal test (UGI). A stay in the hospital was routinely several days in length, regardless of the problem.

Today, care is rendered increasingly in non-acute settings, such as psychiatric, substance abuse, and physical rehabilitation units; long-term care facilities; and ambulatory settings, such as urgent care, ambulatory surgery, and emergency centers, and care can now again be provided in patients' homes. Patients admitted to a hospital are extremely ill and cannot be treated at a lower level of care, resulting in the length of stay being carefully monitored by hospitals, insurance companies, and the government. Patients increasingly pursue litigation against providers of care, healthcare facilities, and vendors who provide products and services.

## Healthcare Documentation

Although the primary purpose of healthcare documentation is patient care, this information is also used for the following purposes (Cofer, 1994):

- Review of the appropriateness, adequacy, and quality of care
- Financial reimbursement for the care provided
- Legal protection for patients, providers of care, and healthcare facilities

- Education of healthcare professionals
- Research
- Public health monitoring
- Planning and marketing of healthcare services

Core health information management issues include what information should be collected, how it should be stored, who should have access to it and under what conditions, and how and why it should be given to others. The protection of patient privacy is central to all of these decisions.

These core issues exist in every documentation system. The system must have policies and procedures to assure the accurate, timely, and complete recording of information in order to provide patient information to many stakeholders, including for clinical care, coding, quality management, and financial decision-making. Retrospective documentation is viewed as a failure of the system. Today, hybrid systems exist in many healthcare settings, as the integration of electronic systems with paper documentation creates a mixed document that can create confusion about the location of clinical documentation. As vendor applications are developed and government programs encourage implementation, the transition to electronic systems will accelerate. The fully electronic system is real-time, interactive, and efficient. It provides for a dynamic documentation and retrieval process that supports patient care, maximizes revenues, and increases patient safety. The quality of the information is key to providing information that supports access, costs, and quality of care. Such information also supports strategic planning, marketing, and staffing functions and aids in the evaluation of healthcare services.

## Access to Information

In a paper-based system, all medical records were handwritten and considered a repository of information. These records were rarely accessed by anyone, except for follow-up care or research. For inpatient admissions, the discharge summary and final diagnoses could be finished several weeks or months after discharge, and the completed medical record was often put into a "permanent file" in a basement or some other

remote storage area and rarely seen again. The bill was submitted when the medical record was complete—that is, all forms and signatures were in the record. This could take months. The security of medical records in the early years was facilitated by the physical location of the medical records department, which was often in the basement, due to the weight of the paper records. The hospital was reimbursed for the bill that was submitted, so there was no incentive for improving the documentation completion process.

Patients rarely, if ever, looked at their medical records. In fact, most were unaware of the extent of the documentation that was collected on their behalf. If a patient wanted to review his or her own medical record, the physician authorized the review, and it was done in the presence of the credentialed medical record or other healthcare professional.

## Release of Information

Release of information from a patient's medical record was initiated when a valid request and authorization signed by the patient was received. The information released was based on a "need-to-know" criterion. In a paper-based system, the medical record was abstracted by a medical record professional based on the information wanted. For example, if surgery had been performed, the HIM professional reviewed the medical record and confirmed the diagnosis, the procedure, the pathology report results, and the admission and discharge dates. Insurance companies were given enough information so that they could legitimately pay the bill, but information was never given beyond what was needed or appropriate.

Technological advances introduced copying into the release-of-information process—an innovation at the time that radically changed the need-to-know criterion for releasing information. Instead of requiring the credentialed HIM professional to review and abstract a medical record and give the requester what was wanted and appropriate, most healthcare organizations began to copy portions of the record, such as the history and physical, discharge summary, operative report, laboratory results, and

other documentation related to the diagnosis or procedure performed. Now, insurance companies and other requesters get detailed clinical information beyond the need-to-know criterion. They often receive not only information to process a claim, but also additional information that can violate patient privacy. For example, the history and physical includes family and social information (behaviors, risk factors, genetic conditions) that may have nothing to do with the surgery performed or care rendered and may be used in discriminatory ways in employment and insurance. Today, insurance companies can have patients sign an authorization upon enrollment for release of information for all future care and do not get an authorization for each event (Chapter 3).

The amount of information being collected, the number of requesters, and the amount and types of information being released all challenge the HIM professional's ability to protect patient privacy. HIM professionals serve many different requesters who seek access to health information, and they must constantly balance patients' privacy rights and confidentiality with demands for access. Patients are often unaware that their personal medical information has been released.

Release of information is often beyond the control of the HIM professional when other people, such as nurses or residents, provide information to patients and/or family members, often without proper authorizations. Health information management professionals do not treat patients, and healthcare professionals should not release information. These are not interchangeable competencies, but others often release information without contacting an HIM professional. Potential invasions of privacy also exist when information is given to a legitimate requestor, who in turn releases the information to others without following the proper laws, rules, and regulations for release.

Today, many stakeholders seek information about patients, and the HIM system is the information hub of the healthcare system. The validity and quality of the health information are under scrutiny by government and insurance agencies. Informed consumers access the Internet and patient portals for diagnoses, pharmaceutical information, surgical options, and other

information that will facilitate their healthcare decision making. Patients place value on the information compiled in their medical records and on their privacy. With the increasing use of EHRS, patients are able to receive either paper or electronic copies of their medical information, in some cases at the end of an office visit. Patients are increasingly getting upset about the many stakeholders who are gaining access to their health information.

### Coding and Reimbursement

Coding of diagnoses and procedures was previously performed to support medical education, statistics, and clinical research but not for financial reimbursement. Reimbursement was based on the actual cost of care, and there were limited consequences for overspending. Reimbursement was almost exclusively based on fee for service, and hospitals and physicians were reimbursed for what they said it cost them to provide the care—that is, the usual, customary, and reasonable costs so there was no incentive to control costs.

Today, coded data are used for financial reimbursement, which has created pressure on coders to expedite the coding process to within a few days of discharge. Inpatient reimbursement is based on the patient's illness and or procedure, his or her co-morbid conditions, and other situations that occur during the patient's stay, and on the resources used, not the characteristics of the hospital or the medical staff. In the past, a hospital with residents would get more money for the appendectomy than the community hospital without residents. Today, the healthcare system consists of a myriad of financing mechanisms, provider types, fee schedules, and reimbursement methodologies. Healthcare funding and reimbursement methodologies are major items on the health policy agenda for federal, state, and local governments. There is increased importance regarding the funding of care for the uninsured, those with high-cost diagnoses and with long-term disabilities or chronic conditions—all in the context of diminishing funds for health care (Shi & Singh, 2015). In addition, there is increased scrutiny for detecting fraud and abuse by healthcare providers.

### Technology

For many years, the most advanced technology used was the duplicating machines for the release of information requests. Today, the EHRS must facilitate simultaneous, multiple access to information for clinical and administrative purposes. Although some health information is still handwritten, paper documentation is no longer the primary means of communication, as most health information systems have at least some electronic applications. The EHRS can capture documentation in real time, such as electronic laboratory data, and can include documents and information from other sources (e.g., hospitalization at another facility, diagnostic data from ambulatory clinics, and consultations from providers in many different settings).

**Table 1-1** shows a brief summary of the characteristics of the paper-based medical records in comparison with the electronic health record system for inpatient hospitalizations.

### Role of the HIM Professional

The HIM professional needs to be able to read and understand all the documentation in the information system in order to make decisions about coding, release of information, quality management, and other activities. Graduates of accredited HIM programs are professionals and need to have an educational background in anatomy and physiology, biostatistics, medical terminology, microbiology, pathophysiology, pharmacology, quality, risk management, and other related subjects in order to support the information needs of many stakeholders. Whereas some healthcare providers can focus expertise on one body system, the HIM professional is held accountable for understanding and interpreting health information across the full spectrum of body systems, diagnoses, and procedures (CAHIIM 2015).

Health information can consist of large databases that provide overall statistics of populations, but it also includes individual patients' sacred stories with information shared that must be protected and secured, no matter the setting in which it is collected and/or stored. Each member of the clinical team adds



TABLE 1-1 Paper-Based Medical Record Versus Electronic Health Record System

	Paper-Based Medical Record	Electronic Health Record System
Access by providers	Rare, except for follow-up care or research  One person at a time could review the documentation Repository (storage) of information with retrospective documentation, based on weekly or monthly visits by physicians	Multiple, simultaneous access by many stakeholders and reviewers
Access by patients	Rare; most patients unaware of the medical record  Must be authorized by physician  Review done in presence of HIM or other healthcare professional	Patients review and get copies of their medical record, through paper-copying processes or electronic patient portals  Patients maintain a personal health record (PHR), consisting of clinical documentation based on healthcare visits and Internet downloads for diagnostic and preventive information
Completion of medical record after discharge	One month to two years	Documentation is completed and scanned at discharge or within a few days to a few months  Electronic systems facilitate direct input of completed information
Availability and legibility	Lost records common  Delays in care experienced due to unavailability of information  Filing backlogs for laboratory, radiology, consultation, operative, and other types of reports  Often illegible	Records are immediately available due to scanning and other electronic storage technology, including the electronic health record system  Some paper documents scanned into the system can still be illegible  Electronic templates are always legible
Reimbursement	Whatever it cost: usual, customary, and reasonable costs	Based on formulas, such as Diagnosis Related Groups (DRGs) for Medicare and Medicaid  Government denies payment for some services  Financial incentives and sanctions
Government involvement	Medicare and Medicaid  Affordable Care Act	Involved with passing legislation that requires documentation and review processes.

additional information to complete a story that defines an individual.

Currently, HIM professionals are responsible for designing and maintaining the systems that facilitate the collection, use, and dissemination of health and medical information. They have expertise in the complexity of the healthcare delivery system; clinical medicine; information technology, electronic health records, and database management; clinical vocabularies; coding

and classification systems; policies, rules, and regulations of multiple healthcare delivery sites; quality, financial, and human resource management; and the legal aspects of health information systems, including the laws and regulations governing the release of health information to healthcare providers, researchers, educators, third-party payers, and regulatory and accrediting agencies (Commission on Accreditation for Health Informatics and Information

Management Education [CAHIIM], 2015; Harman, 2000, 2013a, 2013b; Abdelhak & Hanken, 2015; Rinehart-Thompson & Harman, 2006). To fulfill their work responsibilities, HIM professionals must demonstrate “behavior that reflects integrity, supports objectivity, and fosters trust in professional activities” (Huffman, 1972, p. 126).

Several characteristics are common to all professionals (Spinello, 1997), and professionals within the healthcare system are slated as such. First, **professionals** undergo extensive and specific training to master a complex body of knowledge and must have the ability to apply that knowledge. In this respect, HIM professionals are similar to nurses, social workers, occupational and physical therapists, and health services administrators.

Another common characteristic of professionals is the importance of the contribution that they make to society through the services they provide. The value of these services is frequently recognized through licensing, registration, or certification requirements that prohibit entry into the **profession** unless certain qualifications are met. The services provided by HIM professionals with regard to information stewardship, access oversight, and the maintenance of the security and confidentiality of information are meaningful contributions to society-at-large and are recognized through a national certification process.

Professional designation also provides for lifetime learning and continuing education. In order to continue with the certification, HIM professionals are required to earn continuing education credit in specified areas on a biannual basis for each earned credential, such as Registered Health Information Administrator (RHIA), Registered Health Information Technician (RHIT), or Clinical Coding Specialist (CCS). Those with multiple credentials must meet the requirements for each credential. Professional discipline expertise, though necessary, is insufficient expertise for the complex dilemmas faced by HIM professionals today. It is imperative that HIM professionals also understand ethical principles and the **American Health Information Management Association (AHIMA) Code of Ethics** to guide their actions.

Autonomy over judgment in the work environment is another common characteristic of

professionals. Because of their expertise, the opinions and judgments of professionals are highly sought after. Professionals, by their designation, are allowed a significant amount of autonomy in making decisions and exercising judgment, and they are held to a high standard of ethical behavior.

To fulfill their work responsibilities, HIM professionals must demonstrate “behavior that reflects integrity, supports objectivity, and fosters trust in professional activities” (Huffman, 1972, p. 126). An understanding of ethics is essential when confronting problems at work. As noted by Glover:

“Ethics is the formal process of intentionally and critically analyzing, with clarity and consistency, the basis for one’s moral judgments. It is important for HIM and healthcare professionals to engage in this process, because they are accountable for their actions as professionals, not just personally, as individuals. Ethical reasoning is necessary to resolve the potential tensions between personal values and professional values and among professional values . . . [An ethical decision making model and an understanding of ethical theories and approaches] can help HIM professionals identify ethical issues, work with other members of the team to identify and analyze choices, decide on a course of action and justify that choice.”

Glover presents two scenarios and ethical decision-making matrices (Glover, Chapter 2): the importance of ethical decision making for an adolescent, and access by adolescents to patient portals.

Ethical challenges and dilemmas happen in all aspects of the health information systems and for all those who work on behalf of patients, including health information, healthcare and information technology, and business professionals. An understanding of the ethical foundations of a profession, based on the professional Code of Ethics, is critical to ensure that healthcare and the information system continues to be trusted to support quality information and safety for all persons.

## HIM Profession and Ethical Pledge

The HIM profession emerged in the late 1920s when the American College of Surgeons required the review of medical records generated by those seeking admittance to the organization. At that time, medical records were inadequate and could not support initiatives for standardization and residency approval. The Clinical Congress of the American College of Surgeons devoted their entire session in 1928 to the medical record and invited medical record workers from the United States and Canada to attend the conference. Grace Whiting Myers, librarian emeritus of Massachusetts General Hospital, organized the activities for the conference and was appointed as the first president of the Association of Record Librarians of North America (ARLNA) (Huffman, 1963). This conference elevated the standards for medical records by addressing the content, availability, and preservation of the medical record.

The responsibility to protect privacy was clearly defined in the 1934 pledge of the American Association of Medical Record Librarians (AAMRL). This pledge was written and read by Grace Whiting Myers at the first annual professional association meeting in Boston:

I pledge myself to give out no information from any clinical record placed in my charge, or from any other source to any person whatsoever, except upon order from the chief executive officer of the institution which I may be serving. (Huffman, 1972, p. 135)

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This is a clear ethical obligation: Do not give any patient information to anyone, except as authorized. The pledge was expanded in 1935 when the association's emblem was approved,

and some statements were added to reinforce the importance of ethical conduct. The amended 1935 pledge incorporated the following standards for conduct (Huffman, 1972, p. 136):

RECOGNIZING that the AMERICAN ASSOCIATION OF MEDICAL RECORD LIBRARIANS seeks to develop and enforce the highest standards of work among its members, I hereby pledge myself, as a condition of membership, to conduct myself in accordance with all its principles and regulations.

IN PARTICULAR, I pledge myself to pursue the practice of my profession in a spirit of unselfishness, and of loyalty to the Association and to the institution which I am called to serve; to bear always in mind a keen realization of my responsibility; to seek constantly a wider knowledge of my profession through serious study, through instruction by competent approved teachers, throughout interchange of opinion among associates, and by attendance at meetings of this and of allied associations; to regard scrupulously the interests and rights of my fellow-members, and to seek counsel among them when in doubt of my own judgment.

MOREOVER, I pledge myself to give out no information concerning a patient from any clinical record placed in my charge, or from any other source, to any person whatsoever, except upon order from the chief executive officer of the institution which I may be serving; and to avoid all commercialization of my work.

FINALLY, I pledge myself to cooperate in advancing and extending by every lawful means within my power, the influence of the AMERICAN ASSOCIATION OF MEDICAL RECORD LIBRARIANS.

Source: Pledge reprinted courtesy of American Health Information Management Association, Chicago, Illinois.

This 1934 pledge statement with the code of conduct formed the basis of a more formalized

structure of a code of ethics, and the first code of ethics was published in 1957 (Appendix 1-A).

## Professional Codes of Ethics

Most professions are regulated by a set of behavioral standards commonly called a code of ethics or code of conduct. Although each has elements that are specifically related to their specialty (e.g., nurses, physicians, HIM professionals), there are common themes and values. Healthcare professionals share values, including accountability, advancement, advocacy, autonomy in decision making, collaboration, commitment, compassion, competency (both individual and professional), protection of privacy and confidentiality, continuing education, dedication, educational development, honesty, honor, human dignity, human relationship, integrity, justice, importance of mentoring, precision and accuracy in caring, respect, responsibility, security of information, service, sympathy, trust, truth, worthiness, and wholeness. These values help to define a profession's roles and ethical duties. That, coupled with the reality that no profession within the contemporary healthcare arena practices in isolation, underscores the need to acknowledge shared values and beliefs and interdisciplinary collaboration.

In today's complex healthcare environment, it is incumbent that all members of the healthcare team, both clinical and nonclinical, be obligated to work collaboratively as an interdisciplinary team to achieve a desired outcome. Each member of the team brings a valued perspective that ultimately focuses on the protection of privacy and confidentiality, quality, and patient safety. It is in this collaborative environment that the public, from individual patients to entire communities, is able to maintain trust in the healthcare and information systems. Nonclinical professionals have the obligation to maintain the public's trust through their understanding of these core values, whether or not there are professional codes of ethics that they follow.

### AHIMA Code of Ethics

As early as 1934, the American Association of Medical Record Librarians (AAMRL) recorded

a pledge that defined a code of conduct. The first official code of ethics was passed in 1957 by the AAMRL House of Delegates. Most codes evolve over time due to changes in the healthcare environment, as well as cultural and historical dynamics. Several revisions to the codes have been approved by the American Health Information Management Association (AHIMA) House of Delegates (HOD) over the years, including 1977, 1988, 1998, 2004, and 2011. Three of these codes are included in the appendix so that you can see the changes in language over the years [see Appendixes 1-A (1957), 1-B (1998), and 1-C (2011)].

As noted by Flite & Harman (2013), the Code is developed within the context of the healthcare environment and world events. Consider the examples given in **Table 1-2**.

Since the profession's inception, HIM professionals have had a clear, definitive ethical obligation to protect patient privacy and have been a strong ethical voice for the correct course of action as they have assigned the correct diagnostic and procedural codes based on the care that was rendered, released information on behalf of patients, and reliably and accurately reported data secured from the information system. In today's complex healthcare environment, the HIM professional cannot function without a clear understanding of ethical principles within an ethical decision-making context. The following preamble is taken directly from the 2011 AHIMA Code (AHIMA, 2011).

### Preamble

The ethical obligations of the health information management (HIM) professional include the safeguarding of privacy and security of health information; disclosure of health information; development, use, and maintenance of health information systems and health information; and ensuring the accessibility and integrity of health information.

Healthcare consumers are increasingly concerned about security and the potential loss of privacy and the inability to control how their personal health information is used and disclosed. Core health information issues include what

TABLE 1-2 Historical Environment of the AHIMA Codes of Ethics

Year	Environment and Events
1930s	The 1930s were marked by the Depression, unemployment, and a lack of healthcare coverage. This period ushered in the beginning of insurance, marked by the beginning of private (prepaid hospital) insurance by Blue Cross. The Social Security Act of 1935 was passed without a health insurance component.
1950s–1960s	The healthcare industry advanced with computerization in billing functions and advancement in health technology, such as the introduction of the pacemaker in 1952, the introduction of the heart-lung machine in 1953, and the first successful kidney transplant in 1954. <sup>a</sup> Ultrasound scanning was pioneered in Scotland; the Asian flu pandemic caused more than one million deaths worldwide. <sup>b</sup> The first nuclear reactor plant opened in Pennsylvania, exposing people to the risk of radiation and making people vulnerable to manufactured forces beyond their control. Individuals could control purchases, such as a home, food, or gas, but they could not control the forces of politics, nature, or technology. As globalization progressed and communication technologies allowed people to become more aware of what was happening to others on an immediate basis, pressure increased to protect potentially vulnerable individuals in the health information system through the ways information was collected, used, and disseminated.
1970s	Cost containment in health care became a focus. The federal <b>Health Maintenance Organization (HMO)</b> Act of 1973 was passed to encourage employers to develop and seek HMO initiatives. The first baby conceived through assisted reproductive technology (in vitro fertilization) was born in England. Sweden became the first nation to ban aerosol sprays that were thought to damage earth's protective ozone layer. Britain launched the Motability program to provide cars for disabled people. <sup>c</sup>
1980s	The 1980s were a time of regulation and deregulation as the federal government increased regulation on health reimbursement. The implementation of diagnosis-related groups (DRGs) in 1983 changed the nature and importance of the medical record professional's role in a highly regulated government environment. The first laser eye surgery was performed in the United States. Crack (a derivative of cocaine) became available to the public. The antidepressant Prozac was introduced and quickly became the market leader for treating depression. Computer viruses started to surface. <sup>d</sup>
1990s	Beginning in 1994, a series of Physicians at Teaching Hospitals (PATH) audits were conducted by the federal government to investigate improper billing by teaching hospitals and physicians. In December 1995, the University of Pennsylvania settled for \$30 million with the Department of Justice for questionable billing practices. Major privacy and security legislation, the Health Insurance Portability and Accountability Act (HIPAA), was enacted in 1996. The Institute of Medicine report <i>To Err Is Human: Building a Safer Health System</i> was released in 1999.
2004	In 2003, the government implemented the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).
2009–2011	In 2009, the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of American Recovery and Reinvestment Act of 2009 (ARRA), included provisions to advance the use of health information technology by including privacy, security, and electronic health record incentives.
<p>Data from Flite, C. A., &amp; Harman, L. B. (2013, Winter). <i>Code of ethics: Principles for ethical leadership</i>. Perspectives in Health Information. Chicago, IL: AHIMA.</p> <p><sup>a</sup> Garber, K. M. "Eight Decades of Health Care: Hospitals &amp; Health Networks: 80th Anniversary. The 1980s." <i>Hospitals &amp; Health Networks</i> 81, no. 7 (2007): 12–15.</p> <p><sup>b</sup> The People History. "The Year 1957 from the People History." Available at <a href="http://www.thepeoplehistory.com/1957.html">http://www.thepeoplehistory.com/1957.html</a> (accessed March 11, 2012).</p> <p><sup>c</sup> The People History. "The Year 1977 from the People History." Available at <a href="http://www.thepeoplehistory.com/1977.html">http://www.thepeoplehistory.com/1977.html</a> (accessed March 11, 2012).</p> <p><sup>d</sup> The People History. "The Year 1988 from the People History." Available at <a href="http://www.thepeoplehistory.com/1988.html">http://www.thepeoplehistory.com/1988.html</a> (accessed March 11, 2012).</p>	



information should be collected; how the information should be handled, who should have access to the information, under what conditions the information should be disclosed, how the information is retained and when it is no longer needed, and how is it disposed of in a confidential manner. All of the core health information issues are performed in compliance with state and federal regulations, and employer policies and procedures.

Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information. In addition, sensitive

information (e.g., genetic Chapter 18), adoption (Chapter 19), drug, alcohol, sexual, and behavioral information (Chapter 20) requires special attention to prevent misuse of the information. In the world of business and interactions with consumers, expertise in the protection of the information is required.

Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information.

The 2011 AHIMA Code of Ethics (Appendix 1-C) incorporates values, principles, and professional standards that acknowledge the

#### EXHIBIT 1-1 AHIMA 2011 Ethical Principles

##### CODE OF ETHICS 2011 ETHICAL PRINCIPLES

*Ethical Principles:* The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members and certificants.

A health information management professional shall:

1. Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.
2. Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.
3. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.
4. Refuse to participate in or conceal unethical practices or procedures and report such practices.
5. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.
6. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.
7. Represent the profession to the public in a positive manner.
8. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.
9. State truthfully and accurately one's credentials, professional education, and experiences.
10. Facilitate interdisciplinary collaboration in situations supporting health information practice.
11. Respect the inherent dignity and worth of every person.

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importance of the many parties that are served by the HIM professional: patients and the health-care team, the public interest, the employer, the professional association, and the individual HIM professional. These values should be revisited often and used when the HIM professional is confronted with difficult ethical choices because the values embedded in the Code will assist with decision making. Based on a review of the Codes over the years, the primary ethical obligations include the following (Harman, 2001, 2006).

### Patients and the Healthcare Team

Regardless of the employment site (e.g., acute care hospital, long-term care facility, physician's office, research organization, government agency, law firm, pharmaceutical company, vendor, etc.), the patient must be the focus of the services provided. The HIM professional has the primary responsibility to protect the patient's privacy and confidential information. The values, as identified in the Code over the years, support this ethical imperative:

- **Provide service.** The primary role of the HIM professional is to provide service to others with regard to clinical information. Core values include placing service and the honor of the profession before personal advantage, and the health and welfare of patients before personal and financial interests. Those served include patients, providers of care, administrators, researchers, insurers and government agencies, vendors, and others who have a legitimate need to access information from the clinical information system. In the early years of the profession, the patient was almost exclusively the focus of the decisions made. Now, of course, many stakeholders have an interest in accessing information, and the competing interests can be in direct conflict with the protection of privacy. In today's work environment, these requesters must be considered, but the HIM professional cannot abdicate the core responsibilities of protecting the patient's privacy and providing service.
- **Protect medical and social information.** It is increasingly apparent that the health information system contains not only health and medical information, but also social information that requires special attention. Requests for health and medical information of a patient come from multiple entities. Although an individual may not want an employer to know that a cholecystectomy was performed, that information would pale in comparison to some of the social and family history information, such as smoking, drinking, hobbies, genetic conditions, or health of family members. The protection of social and risk-factor information, including genetic information, requires constant diligence, as discrimination against certain groups can occur.
- **Promote confidentiality.** The responsibility to protect confidential information includes teaching others about this core principle. It is not sufficient for HIM professionals to value confidentiality. The responsibility transcends personal commitment and requires that others, including other members of the healthcare team and the many stakeholders who gain access to patient information, fully understand "right and wrong" in this arena.
- **Preserve and secure health information.** Privileged health information that is accessed in the capacity of work must be held in absolute confidence. As EHRs become more prevalent and access to records increases, the need for information security increases. In addition, there are numerous databases, detailed secondary records, registries, and quality and regulatory information that must also be protected.
- **Promote the quality and advancement of health care.** Education of the HIM professional has always included clinical medicine, pharmacology, biostatistics, and quality improvement methodologies. HIM professionals must be able to read and interpret all clinical information and work with all members of the healthcare team to constantly improve the healthcare system. HIM professionals must support research that will improve quality of care.
- **Report data with integrity and accuracy.** This is an extremely important focus for HIM professionals. Although they cannot conceal unethical practice and must

report unethical behavior on the part of others, HIM professionals cannot assume the right to make determinations in professional areas outside the scope of HIM practice. The reporting of potential clinical wrongdoing rests with clinical personnel. Such personnel are better able to judge the quality or **appropriateness** of the care or services rendered. The HIM professional's responsibility is to provide accurate data for review and investigation. If a physician is found to be incompetent through audit results (documentation of drug abuse, repeated missed diagnoses or misinterpretation of test results, or other similar outcomes), the data must be reported accurately and with integrity. If the information is ignored, the HIM professional should continue to report the findings, sometimes again and again. This responsibility requires engaging core values of truth telling and courage.

- **Promote interdisciplinary cooperation and collaboration.** The HIM professional works with all members of the healthcare and administrative teams. The HIM professional respects and understands the responsibilities of these individuals and facilitates collaboration and objective documentation practices that will improve care and services that are rendered. This responsibility includes respecting the dignity of all individuals.

## Employer

Today, HIM professionals work in various settings in and outside traditional healthcare environments. The Code's language ensures that the HIM professional's values related to an employer help to keep an upstanding professional reputation. Some responsibilities include:

- **Demonstrate loyalty to the employer.** HIM professionals will show respect for the employer by following policies, rules, and regulations, unless they are illegal or unethical. Demonstrating loyalty to the employer by honorably discharging duties and responsibilities is an essential ethical

behavior. HIM professionals change jobs for various and sundry reasons; however, the professional's ethical duty includes telling the employer in advance of the transition. If it becomes necessary to leave an employer, this responsibility includes giving notice of the impending resignation. It is unethical to abandon a job given the responsibilities to the many people who depend on the HIM professional. This is more important today than ever, given the mobility of our society and the shortage of HIM professionals.

- **Protect committee deliberations.** Professional medical staff and health service committees are the mechanism by which the problems related to patient care, organizational policies, procedures, and risks are discussed and resolved. The results of these deliberations must be kept private.
- **Comply with laws, regulations, and policies.** The HIM professional must know and comply with all of the laws, rules, regulations, and other standards that affect the health information system, including federal, state, and local laws; accrediting and licensing standards; and employer policies and procedures. Compliance is a necessary but insufficient guideline for ethical behavior. An action can be legal but not ethical. For example, a small employer group could ask for a printout of pharmaceutical costs. Although no patient names would be revealed, the employer might be able to quickly determine who has AIDS or cancer or some other major disease that would require high pharmaceutical costs. Legally, the employer may be entitled to this information. Ethically, however, this action could violate patient privacy. If the laws, regulations, and policies are not in the best interests of the patients, the HIM professional should become an advocate for changing them.
- **Recognize the authority and power of the HIM position.** Both the authority and the power to protect and secure health information are given to HIM professionals. They must act to prevent inappropriate access to health information that would be detrimental to patients and others.

This authority and power must be taken very seriously, and the entrusted duties and responsibilities require conscientious attention.

- **Accept compensation only in relationship to responsibilities.** Monetary compensation in the workplace should be what is customary and lawful for the services rendered. The HIM professional should consider this ethical tenet when confronted with an invitation for unlawful compensation. Some people or organizations may want access to information collected about a patient, a physician, or other healthcare provider. They may even be willing to pay for that information. It would be unethical behavior for the HIM professional to receive money in exchange for such information.

## Public Interest

HIM professionals must act in the public's best interest. Often, the public does not know that HIM professionals are on their team, but these professionals must constantly work on the public's behalf. Responsibilities related to the public include the following:

- **Advocate for change.** Today's HIM professional must lead initiatives to change laws, rules, and regulations that do not protect patient privacy and confidentiality. Advocacy includes actions to protect patients, the healthcare team, the organization, the professional association, peers, and oneself. State and national policy and advocacy activities support this ethical obligation.
- **Refuse to participate in or to conceal unethical practices.** The sacred stories involving patients and those who provided the care are embedded in a health information system—the decisions that helped, the decisions that harmed, random consequences, and acts of nature. HIM professionals, given their responsibility to review the documentation for accuracy and completeness, are held accountable to notice the trends and potential problems in relationship to a care provider, a diagnosis, a

procedure, or any other similar categorization. HIM professionals must behave in an ethical manner and do what is right, not what is easy; certainly they must not do anything that would harm another. They cannot conceal the illegal, incompetent, or unethical behaviors of individuals or organizations.

- **Report violations of practice standards to the proper authorities.** Once a violation of practice standards has been identified (through quality audits or other data-collection process), the results must be reported—but only to the proper authorities. Violations can include those related to external standards, employer policies and procedures, or professional practice standards. For example, quality assurance or other audit results may indicate that an individual physician, institution, insurer, or other agency is doing something inappropriate, such as discriminating against employees due to clinical information. The HIM professional's responsibility includes bringing the potential or actual problem to the attention of those responsible for the delivery and assessment of care and services.

## Professional Associations and Peers

Another important constituent for any HIM professional is the professional organizations that they are members of, including AHIMA. The HIM professional should do the following:

- **Be honest.** Truth and accuracy are core ethical principles. HIM professionals must always be truthful in reporting their credentials, degrees, certifications, and work experiences. Truth and accuracy also include honest **disclosure** of duality of interests, such as working for a healthcare facility and a vendor. In these two capacities, proprietary information may become available that would place one employer in jeopardy in relationship to the second. Such dualities must be disclosed.
- **Bring honor to oneself, peers, and the profession.** The professional conduct of the HIM professional should bring honor

to oneself and those served. The health and welfare of the patients should come before all personal or financial interests.

- **Commit to continuing education and lifelong learning.** HIM professionals are expected to be lifelong learners, ensuring expertise and application of current knowledge. The HIM professional must be committed to maximizing personal competence as well as contributing to the improvement of the quality of the services rendered. Health information management is a practice-oriented career, and advanced graduate degrees and research are required to improve professional contributions. The Code requires action and commitment to degree attainment, continuing education, currency with the professional literature, self-assessment, the design of personal educational programs, and dialogue with peers about solutions to problems. Competency through self-improvement is an important directive that ensures the continuance of the profession.
- **Discharge association duties honorably.** HIM professionals can volunteer for local, state, national, and international association positions or be appointed or elected to them. Just as clinical information must be protected, the information learned in an official capacity while working on behalf of the professional associations must also be protected. Sometimes “secrets” are discovered at these levels, and it is important to protect this information.
- **Strengthen professional membership.** All HIM professionals are responsible for recruiting and training the next generation of professionals. Professional practice standards require constant recruitment of new students into the profession so that existing professionals can share their expertise and help to continue the profession by mentoring the next generation.
- **Represent the profession to the public.** This standard requires education of the public regarding the HIM professional’s role and responsibilities. If the public or other members of the healthcare team are confused about what HIM professionals do on their behalf, HIM professionals should accept some responsibility for this

confusion. The association’s mission, guiding principles, and values must be supported when dealing with the public and the teams.

- **Promote and participate in research.** HIM professionals do not have a long-standing tradition of professional practice research; rather, they have mostly assisted other members of the healthcare team with clinical research. As professionals acquire advanced degrees, more specific health information research is being conducted. Like all researchers, HIM professionals should act with integrity and avoid conflicts of interest.

### Accountability to the AHIMA Code of Ethics

Upon being awarded any of the various credentials authorized by AHIMA, the HIM professional agrees to follow the principles and values from the Code of Ethics and to base all professional actions and decisions on those principles and values. Even if federal or state laws did not require the protection of patient privacy, the HIM professional would be responsible for protecting it according to the AHIMA Code of Ethics (LaTour, Eichenwald-Maki, & Oachs, 2013; Flite & Harman, 2013).

As with any professional Code of Ethics, there must be a system in place that promotes accountability to all persons commanded by the Code. Any code is a dynamic document that can, in some cases, be interpreted to reflect the reader’s value system. When a code is not upheld to its highest standards, it is weakened and creates the ability for a professional to operate outside the professional standards.

Codes specify a duty that each professional act in an ethical manner at all times and to report any activity outside the limits of the Code. These values and the method of accountability provide that the professional values will continue to foster the highest standards. Since its founding, AHIMA has maintained that strict adherence to the Code of Ethics provides a foundation for the highest values as it relates to confidentiality, privacy, security, data integrity, and quality information to each of its constituents.

The AHIMA Code of Ethics is supplanted by companion documents for coding and clinical documentation professionals that are used to



provide more specificity on ethical behaviors for these specialties. In the current environment, these two specialty areas are targeted for potential fraud and abuse, and there is a need for ethical behaviors. These standards are modeled in language and design after the AHIMA Code of Ethics. The Standards of Ethical Coding and the Standards for Clinical Documentation Improvement are used in conjunction with the AHIMA Code, but provide needed specificity in these areas (AHIMA, 2008; AHIMA, 2010).

AHIMA has encouraged its members to remain vigilant to areas where the Code is not being followed and provides the membership with an avenue to report suspected violations to the Code. Those potential violations are reported to the Professional Ethics Committee (PEC). The committee's charge is to improve members' and certificants' professional position by developing and maintaining high ethical standards through education, training, and use of the ethics violation review process. Potential violations to the Code can be received from employers, consumers, regulatory agencies, and general sources of information, such as newspaper articles. The PEC helps to preserve the relevance and applicability of the Code of Ethics by continued review and revision based on the changing environment.

The PEC is recognized by AHIMA with membership appointed by the elected president of the association. Its composition consists of AHIMA members and others with interest and expertise in ethical issues. The PEC is supported by AHIMA with administrative management and technical support. The committee meets on a regular basis and can be called together on an ad hoc basis for issues that require immediate attention.

## Policy and Procedure

The AHIMA policy and procedure for the PEC (Appendix 1-D) is posted on the AHIMA website (AHIMA.org), where it describes the process and provides a standardized form (Appendix 1-E) by which constituents can report potential violations of the Code. Because the policy is located on the general website, it is open to anyone who accesses the site, thus showing a strong sense of transparency in the process and the ability for anyone, even the general public, to report cases of potential misconduct. The policy also provides

for internal initiated investigations based on information gleaned from other sources, such as print and video mediums or reports on related websites ("AHIMA Advantage," 2013).

The policy and procedure spells out the duties and responsibilities of PEC members and processes for reporting, investigation, privacy, appeals, and potential consequences of identified violations. It also describes the interaction with the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), whose mission is to establish and enforce quality accreditation standards for educational programs.

## Ethical Tools

Though not specified in the policy and procedure, the PEC is also charged with providing information and teaching opportunities relating to the Code. One tool located on the AHIMA website is a Code of Ethics Self-Assessment, and all credentialed members are expected to complete this review. It is available on the general website and can be used to assess the knowledge and understanding of the Code. Additionally, 10 case studies have been developed to assist with this assessment. The case studies intend to help AHIMA members, credentialed HIM professionals, students, and others learn how to examine and resolve ethical issues they may confront in their own organizations. In addition, ethical questions/quizzes have been inserted into the *Journal of the American Health Information Management Association* (JAHIMA) (Burton, 2014; "AHIMA Advantage," 2012a, 2012b). The quizzes describe changes to the Code in addition to case scenarios dealing with ethical situations and potential solutions. Each of these tools provides additional educational opportunities for both members and non-members to use the Code as a basis for decision-making.

## Consequences of Unethical Behavior

No code of ethics can be successful without the use of consequences arising from noncompliance. Although deliberations and specific cases from the PEC are confidential, general themes of cases and consequences emerge. There are cases where members have forged or misused an

AHIMA credential and membership was either suspended for a time or revoked. A few cases have been brought forth against faculty members from an accredited HIM program and the outcomes of these cases have varied depending on the case. In addition, there are many questions and concerns regarding coding and clinical documentation compliance and issues that require the use of the AHIMA Standards for Ethical Coding and the AHIMA Ethical Standards for Clinical Documentation Improvement Professionals. The PEC's deliberations and actions are important to the profession and the professional, as they are another means to engender public trust.

### American Nurses Association Code of Ethics

The ethical values identified for the HIM profession coincide with those of nursing. Nursing also embraces the values that protect patients' privacy and confidential information, ensuring that the information is accurate and available in a timely manner to ensure quality care and optimal patient outcomes. In addition, core nursing values include human dignity, integrity,

autonomy, altruism, and social justice (Butts & Rich, 2015; Fahrenwald, Bassett, Tschetter, Carson, White, & Winterboer, 2005). In a worldwide context, the nursing profession shares common ethical values that also mandate protection of human dignity and respect for patients (International Council of Nurses, 2006; Butts & Rich, 2015). Key themes that have been noted include "human dignity, privacy, justice, autonomy in decision making, precision and accuracy in caring, commitment, human relationship, sympathy, honesty, and individual and professional competency" (Shahriari, Mohammadi, Abbaszadeh, & Bahrami, 2013, p. 1). These values seem universal, but it is important to note that sociocultural factors may influence how terms are defined and put into practice.

In the United States, the American Nurses Association's (ANA) Code of Ethics for Nurses "establishes the ethical standards for the profession and provides a guide for nurses to use in ethical analysis and decision-making" (ANA, 2014, p. vii). This provides a non-negotiable foundation for nursing action that is the basis for nursing practice across all settings. These broad provisions are listed in **Exhibit 1-2**.

#### EXHIBIT 1-2 Nursing Code of Ethics

- Provision 1** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- Provision 2** The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
- Provision 3** The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4** The nurse has the authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5** The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6** The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Provision 7** The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
- Provision 8** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- Provision 9** The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Reprinted from American Nurses Association. (2014). Code of Ethics for Nurses with Interpretive Statements. The American Nurses Association, Inc.

Within the Nursing Code of Ethics, Provisions 1, 3, and 6 specifically address ethical standards that relate to the issues likely encountered when dealing with health information technology (HIT). Within the Nursing Code of Ethics, Provisions 1, 3, and 6 specifically address ethical standards that relate to the issues likely encountered when dealing with HIT which are shared across disciplines.

Upon review, it is evident that there are commonalities across disciplines. Provision 1 of the Nursing Code of Ethics specifically advocates for the individual's right to self-determination—a key value shared with the HIM professional. Provision 3 outlines the nurse's responsibility to ensure the protection of patients' rights, health, and safety—particularly focusing on the right to privacy and confidentiality, creation of a culture of safety, and the responsibility to act on questionable practice. Provision 6 indicates that it is the nurse's responsibility to work individually

and collaboratively to create, maintain, and improve the ethical environment in which care is being delivered. Nurses and the HIM professional have many shared values that can serve as a starting point to support interdisciplinary collaboration.

### Principles of Medical Ethics for Physicians

In 2001, the American Medical Association (AMA) updated and adopted the revised Principles of Medical Ethics. These principles establish the AMA's standards of conduct that define the essentials of honorable behavior for the physician (**Exhibit 1-3**). As with the Nursing Code of Ethics, these standards demonstrate a commitment to ethical values similar to those of the HIM professional, particularly the respect for human dignity and rights, the safeguarding of patient confidences and privacy, and making relevant information available to patients, colleagues, and the public.

#### EXHIBIT 1-3 American Medical Association Principles of Medical Ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and *respect for human dignity and rights*.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall *safeguard patient confidences and privacy within the constraints of the law*.
- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, *make relevant information available to patients, colleagues, and the public*, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

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These ethical principles are deeply embedded within the medical profession and clearly correlate with those of the HIM. The American Medical Association's Principles of Medical Ethics include a shared respect for human dignity and rights, and espouse the responsibility to safeguard patient confidences and privacy and to work collaboratively with other professions. These shared values provide a strong foundation for collaboration in today's complex healthcare environment and will be further discussed in the next section.

## Shared Professional Values

Similar to professional codes of ethics, there are commonalities across disciplines in their professional values as well. There are shared ethical values of the HIM professional, physician, and nurse that are important for interprofessional and interdisciplinary collaboration competencies.

When reviewing the codes for HIM professionals, nurses, and physicians, there are values with direct commonality. These include collaboration, confidentiality, continuing education, integrity, respect, and trust. Although each code stands alone, these common values show that interaction and collaboration among different professions are based on an ethical framework that underlies their duties and responsibilities to their constituent. The common ethical values taken from these codes are listed in **Table 1-3**. The text is drawn, with slight adaptations, from the respective professional Codes of Ethics.

## Interprofessional Collaboration Competencies

There is growing interest in and value placed upon **interprofessional collaboration**. Healthcare organizations are recognizing that interprofessional teams that can work collaboratively can improve the value of health care through integrated and coordinated processes that lead to improved patient outcomes (Mitchell, Wynia, Golden, McNellis, Okun, Webb, Rohrbach, & Von Kohorn, 2012).

The terms "interprofessional" and "interdisciplinary" are frequently confused, which is not surprising because they are often used interchangeably. To clarify these two terms, it is first important to understand the difference between "profession" and "discipline." Generally, a profession is described as a "vocation requiring specialized knowledge and skills, and often long and intensive academic preparation. Professions are generally autonomous and self-regulated." (Oregon Health & Science University, n.d., p. 1). For example, physicians and nurses are professionals that are self-regulated. A discipline is a specialized field of study or branch of knowledge, and a profession can have multiple disciplines. For example, in health care, both nursing and medicine have disciplines within specialty areas such as obstetrics, pediatrics, and gerontology (Alberto & Herth, 2009; Oregon Health & Science University, n.d.).

In 2011, the Interprofessional Education Collaborative Expert Panel (IECEP), composed of representatives from the American Association of Colleges of Nursing (AACN), the American Association of Colleges of Osteopathic Medicine (AACOM), the American Association of Colleges of Pharmacy (AACP), the American Dental Education Association (ADEA), the Association of American Medical Colleges (AAMC), and the Association of Schools of Public Health (ASPH), issued a report supporting interprofessional education to facilitate this important shift in the practice setting. The panel identified four domains of professional competency, and these are relevant for discussions of key stakeholders' perspectives (**Exhibit 1-4**).

## Values for Interprofessional Practice

Of particular relevance is Competency Domain 1: Values/Ethics for Interprofessional Practice, which sets the expectation that healthcare professionals "work with individuals of other professions to maintain a climate of mutual respect and shared values" (IECEP, p. 19). The specific values and competencies are presented in **Exhibit 1-5**. The panel underscored the importance of these shared values in the following statement:

TABLE 1-3 Common Ethical Values from Professional Codes of Ethics

Value	HIM Professionals	Physicians	Nurses
Collaboration	Facilitate interdisciplinary collaboration in situations supporting health information practice.	Use the talents of other health professionals when indicated.	Collaborate with other health professionals.
Confidentiality	Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality; preserve, protect, and secure personal health information in any form or medium and hold in the highest regard health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.	Safeguard patient confidences and privacy within the constraints of the law.	Advocate for and protect the rights, health, and safety of the patient.
Continuing education	Advance health information management knowledge and practice through continuing education, research, publications, and presentations.	Continue to study, apply, and advance scientific knowledge; maintain a commitment to medical education; make relevant information available to patients, colleagues, and the public; obtain consultation; and use the talents of other health professionals when indicated.	Advance the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
Integrity	Refuse to participate in or conceal unethical practices or procedures and report such practices.	Uphold the standards of professionalism, are honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.	Establish, maintain, and improve the ethical environment of the work setting; maintain the integrity of the profession.
Respect	Respect the inherent dignity and worth of every person.	Show respect for human dignity and rights.	Show respect for the inherent dignity, worth, and unique attributes of every person.
Trust	Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, peers, and to the health information management profession.	Participate in activities contributing to the improvement of the community and the betterment of public health; regard responsibility to the patient as paramount (support access to care for all people).	Have a primary commitment to the patient, whether an individual, family, group, community, or population.

Interprofessional values and related ethics are an important, new part of crafting a professional identity, one that is both professional and interprofessional in nature. These values and ethics are patient centered with a community/population orientation, grounded in a sense of shared

purpose to support the common good in health care, and reflect a shared commitment to creating safer, more efficient, and more effective systems of care. They build on a separate, profession-specific, core competency in patient-centeredness. (IECEP, 2011, p. 17)



**EXHIBIT 1-4** Interprofessional Collaborative Practice Competency Domains

Competency Domain 1: Values/Ethics for Interprofessional Practice

Competency Domain 2: Roles/Responsibilities

Competency Domain 3: Interprofessional Communication

Competency Domain 4: Teams and Teamwork

Reprinted from Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative. p. 16.

The nature of health care and the patient-centered focus sets the stage for shared professional values. In 2006, the Chief Executives of the Regulatory Bodies in the United Kingdom put forth a statement that clearly articulated these shared values (**Exhibit 1-6**).

With the focus on improving patient outcomes via interprofessional healthcare teams,

there is more interest in identifying those factors that contribute to success. Mitchell et al. (2012), adding to work done by the Interprofessional Education Collaborative Expert Panel in 2011, identified five personal values that characterize the most effective members of high-functioning teams in health care (**Exhibit 1-7**). Springboarding off these identified personal values, the Principles of Team-Based Health Care were formulated (**Exhibit 1-8**).

## Building an Ethical Health Information System

The following are suggestions for incorporating the values and professional practice standards from the Code into your professional life and work environment (Harman & Mullen, 2006).

1. **Further your education.** Build ethics-related courses into your professional plans for continuing education, when taking on new roles and as an ongoing process for a

**EXHIBIT 1-5** Interprofessional Collaborative Practice Competency Domain 1: Values/Ethics for Interprofessional Practice

**General Competency Statement:** Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Specific Values/Ethics Competencies:

- I. Place the interests of patients and populations at the center of interprofessional health care delivery.
- II. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- III. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- IV. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
- V. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
- VI. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
- VII. Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.
- VIII. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.
- IX. Act with honesty and integrity in relationships with patients, families, and other team members.
- X. Maintain competence in one's own profession appropriate to scope.

Reprinted from Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative, p. 19.

**EXHIBIT 1-6 Common Values Statement by the Chief Executives Group of the Health Care Regulators on Professional Values (as Agreed by the Chief Executives of the Regulatory Bodies in 2006)**

**VALUES OF HEALTH CARE PROFESSIONALS**

All health care professionals are personally accountable for their actions and must be able to explain and justify their decisions. Health care professionals work in many different types of practice. They all have a duty to protect and promote the needs of their patients and clients.

To do this they must:

**Be Open with Patients and Clients and Show Respect for Their Dignity, Individuality and Privacy:**

- Listen to patients and clients;
- Keep information about patients and clients confidential;
- Make sure their beliefs and values do not prejudice their patients' or clients' care.

**Respect Patients' and Clients' Right to Be Involved in Decisions about Their Treatment and Health Care:**

- Provide information about patients' and clients' conditions and treatment options in a way they can understand;
- Obtain appropriate consent before investigating conditions and providing treatment;
- Ensure that patients have easy access to their health records.

**Justify Public Trust and Confidence by Being Honest and Trustworthy:**

- Act with integrity and never abuse their professional standing;
- Never ask for, nor accept any inducement, gift, hospitality or referral which may affect, or be seen to affect, their judgment;
- Recommend the use of particular products or services only on the basis of clinical judgment and not commercial gain;
- Declare any personal interests to those who may be affected.

**Provide a Good Standard of Practice and Care:**

- Recognize and work within the limits of their knowledge, skills and experience;
- Maintain and improve their professional knowledge, skills and performance;
- Make records promptly and include all relevant information in a clear and legible form.

**Act Quickly to Protect Patients, Clients and Colleagues from Risk of Harm:**

- If either their own, or another health care worker's conduct, health or performance may place patients, clients or colleagues at risk;
- If there are risks of infection or other dangers in the environment.

**Co-operate with Colleagues from Their Own and Other Professions:**

- Respect and encourage the skills and contributions which others bring to the care of patients and clients;
- Within their work environment, support professional colleagues in developing professional knowledge, skills and performance;
- Not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

Reprinted from Chief Executives of the Regulatory Bodies (2006) Common Values Statement by the Chief Executives Group of the Health Care Regulators on professional values, Available from <https://www.professionalstandards.org.uk/docs/scrutiny-quality/common-values-statement.pdf?sfvrsn=0>

**EXHIBIT 1-7** Personal Values of Most Effective Members of High-Functioning Teams

**Honesty:** Team members put a high value on effective communication within the team, including transparency about aims, decisions, uncertainty, and mistakes. Honesty is critical to continued improvement and for maintaining the mutual trust necessary for a high-functioning team.

**Discipline:** Team members carry out their roles and responsibilities with discipline, even when it seems inconvenient. At the same time, team members are disciplined in seeking out and sharing new information to improve individual and team functioning, even when doing so may be uncomfortable. Such discipline allows teams to develop and stick to their standards and protocols even as they seek ways to improve.

**Creativity:** Team members are excited by the possibility of tackling new or emerging problems creatively. They see even errors and unanticipated bad outcomes as potential opportunities to learn and improve.

**Humility:** Team members recognize differences in training but do not believe that one type of training or perspective is uniformly superior to the training of others. They also recognize that they are human and will make mistakes. Hence, a key value of working in a team is that fellow team members can rely on each other to help recognize and avert failures, regardless of where they are in the hierarchy.

**Curiosity:** Team members are dedicated to reflecting upon the lessons learned in the course of their daily activities and using those insights for *continuous improvement* of their own work and the functioning of the team.

Reproduced from Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb, C. E., Rohrbach, V. and Von Kohorn, I. (2012) Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. [www.iom.edu/tbc](http://www.iom.edu/tbc). p. 5. Reproduced with permission by The National Academy of Sciences, Courtesy of National Academies Press, Washington, D.C.

**EXHIBIT 1-8** Principles of Team-Based Health Care

**Shared goals:** The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.

**Clear roles:** There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

**Mutual trust:** Team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

**Effective communication:** The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.

**Measurable processes and outcomes:** The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb, C. E., Rohrbach, V. and Von Kohorn, I. (2012). Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. [www.iom.edu/tbc](http://www.iom.edu/tbc). p. 6. Reproduced with permission by The National Academy of Sciences, Courtesy of National Academies Press, Washington, D.C.

continuing role at work. Develop a lifelong learning plan regardless of the degrees or credentials that you currently hold. Ethical actions include:

- Know and understand the professional Code of Ethics and how it specifically affects your professional area of expertise. Understand ethical principles and values to guide your decision-making.
  - Understand your personal values and how these influence decisions, given that values are deeply embedded in the decision-making process.
  - Understand the need to draw on both professional discipline and ethical expertise when making decisions.
  - Include ethical sessions in your continuing education program.
2. **Consult with the ethics committee.** Do not just limit the participation of ethicists and the ethics committee to official institutional review board (IRB) (research-based) problems. Over the years, there have been many ethical issues related to research (Harman & Nielson, 2008). Although facility-wide ethics committees typically deal with clinical bioethical decisions, members of these committees are experts who are well positioned to help create the arguments and counterarguments for HIM issues such as releasing information, sharing data in relational databases, dealing with fraud and abuse issues, and analyzing issues related to problems with computerized software and security. HIM professionals are encouraged to take such issues to the ethics committees and to colleagues for consultation. The full clinical team must be involved in resolving such issues; otherwise, the solitary voice of the HIM professional will not be powerful enough to adequately protect patient privacy and confidentiality. If you feel uncomfortable about a decision, it most likely has an ethical component. In that case, you need advice and should get it.
  3. **Change the organizational culture.** Help to change the organizational structure,

systems, policies, and procedures if they do not support ethical behavior and ensure patient privacy. Comply with laws, rules, and regulations, but not at the expense of ethical behavior. Organizational integrity is needed to enable professionals to be ethical. If there is disagreement between what is legal and what is ethical, work with colleagues to make the necessary changes in the system. Be an advocate for patients, the health-care teams, and those who work on their behalf, either in direct patient care or through administrative responsibilities.

4. **Be a role model.** Students and practitioners need to understand and use ethical principles and values in their work environment. Clinical practice experiences are chosen so that students can interact with good role models. It is important to both “talk and walk” ethics. Students learn to incorporate the professional values they observe in others facing difficult decisions. Demonstrate integrity and be a role model for students by teaching them the complexities of the issues—not only the rules and regulations, but also the range of choices that must be considered. Be honorable at all times. Help the next generation of professionals learn to have courage in the face of ethical dilemmas. There is no greater gift to those who represent the future of the profession.

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## Conclusion

There are many who work in the health information and healthcare systems, including healthcare providers; chief executive, information, or operations officers; business professionals; vendors; information technology and data analytics experts; researchers; public health professionals; and many others. In addition to their own professional expertise, these experts must understand the roles, professional values, and ethical obligations of the health information management professional. The complex challenges related to documentation and access to and use of information do not allow the luxury

of the “right answer” based exclusively on laws and required standards, even if precedence has been set. There are many stakeholders who must know what happens to the documentation once it is entered into a medical record or EHRs, and they must become much more public in their role as protectors of privacy and confidentiality. The question of patient access to information, and the ethical implications, must also be considered (Harman, Miller, Moore, & Winkelstein, 2013).

The protection of privacy and confidentiality and the assurance of secure systems must be honored. In order to ensure and maintain the public trust regarding privacy, confidentiality, and quality care, there must be an understanding of the ethical foundations of the various professions. The challenges encountered require interdisciplinary collaboration, an understanding of professional values, and an ethical decision-making process. All teams will be supported by the professional values embedded in the various codes of ethics.

The codes of ethics need to be included and integrated throughout the educational process for those who work on behalf of patients in both clinical and nonclinical roles. We can no longer afford to be educated and to work in isolated professional silos. Every professional must be comfortable with asking ethical questions within the context of the clinical and health information systems and challenge others to do the same.

HIM professionals, nurses, physicians, and information technology experts, as well as others, need to examine and live by the current Code of Ethics, using it as a decision-making framework to guide the professional’s decisions and actions. Interdisciplinary team members must act as organizational change agents, leading initiatives to support systems that guarantee compliance with the laws and principles for privacy and confidentiality. These professionals should be leaders who are technically competent, innovative, energetic, courageous, and able to envision future challenges and opportunities for improvement. HIM professionals, care providers, administrators, health information technology specialists, business professionals, ethicists, lawyers, policy makers, accreditation

agencies, and patients must work together to establish ethical standards and hold all accountable to meet those standards. This will require respectful interdisciplinary collaboration.

As the visionary founders of the HIM profession recognized in 1928, those who work in the health information system must have information management expertise, have courage, and be ethical. The founders of the HIM profession recognized the importance of protecting patient privacy, competency, integrity, truth-telling, trust, compassion, dedication to others, and courage in carrying out responsibilities. These values are more important now than ever before.

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## KEY TERMS

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AHIMA Code of Ethics  
 Appropriateness  
 Collaboration  
 Disclose  
 Disclosure  
 Ethical decision-making  
 Health information management (HIM)  
     professional  
 Health maintenance organization (HMO)  
 Interprofessional collaboration  
 Profession  
 Professional  
 Trust  
 Values

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## CHAPTER SUMMARY

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- HIM and healthcare professionals must have both professional discipline and ethical expertise due to the complexity of the issues they face in contemporary healthcare and regulatory environments, documentation requirements, access and release of information requirements, coding and reimbursement systems, and technology.
- Professionals have many constituents, including patients and the entire healthcare team, the employer, the public, oneself, and professional associations.
- The professional’s obligations to patients and the healthcare team are to provide service, to protect medical and social



information, to promote confidentiality, to promote the quality and advancement of health care, to stay within the scope of responsibility, to refrain from passing clinical judgment, and to promote interdisciplinary cooperation and collaboration.

- The professional's obligations to the employer are to demonstrate loyalty to the employer; to protect committee deliberations; to comply with laws, regulations, and policies; to recognize authority and power; and to accept compensation only in relationship to one's responsibilities.
- The professional's obligations to the public interest are to advocate for change, to refuse to participate in or conceal unethical practices, and to report violations of practice standards to the proper authorities.
- The professional's obligations to him- or herself and to the professional association are to be honest; to bring honor to oneself, one's peers, and the profession; to commit to continuing education and lifelong learning; to discharge association duties honorably; to strengthen professional membership; to represent the profession to the public; and to promote and participate in research.
- Building an ethical health information system requires furthering one's education, consulting with ethics committees, changing the organizational culture to support ethical behaviors, being a role model for others, and asking ethical questions and challenging others to do the same.
- Codes of ethics are necessary to promote critical thinking and values-based decision making. They provide a general framework for professional behavior and guidance to be followed in difficult situations. Codes of ethics and supporting review processes are valuable if they also provide consequences for not following ethical tenets and if there are mechanisms to report unethical behavior.
- The current complex healthcare system demands that all professionals, clinical and nonclinical, work to breakdown the siloed nature that exists. Codes of ethics with shared values and beliefs can help

to foster interprofessional collaboration in the design and operations of health-care systems. Educational programs at an institution of higher learning or within a healthcare system can prioritize these approaches, and local entities/facilities can adopt team-approached practices.

- Appendix 1-G provides brief summaries of Chapters 1 through 26. The reader will be able to review the Appendix and find detailed information and scenarios on each subject.

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## 1957 Code of Ethics for the Practice of Medical Record Science

[Note: Gender-neutral language was not used in the 1950s, so the male pronoun should be read as “he or she.”]

As a member of one of the paramedical professions he shall:

1. Place service before material gain, the honor of the profession before personal advantage, the health and welfare of patients above all personal and financial interests, and conduct himself in the practice of this profession so as to bring honor to himself, his associates, and to the medical record profession.
2. Preserve and protect the medical records in his custody and hold inviolate the privileged contents of the records and any other information of a confidential nature obtained in his official capacity, taking due account of the applicable statutes and of regulations and policies of his employer.
3. Serve his employer loyally, honorably discharging the duties and responsibilities entrusted to him, and give due consideration to the nature of these responsibilities in giving his employer notice of intent to resign his position.
4. Refuse to participate in or conceal unethical practices or procedures.
5. Report to the proper authorities but disclose to no one else any evidence of conduct or practice revealed in the medical records in his custody that indicates possible violation of established rules and regulations of the employer or of professional practice.
6. Preserve the confidential nature of professional determinations made by the staff committee which he serves.
7. Accept only those fees that are customary and lawful in the area for services rendered in his official capacity.
8. Avoid encroachment on the professional responsibilities of the medical and other paramedical professions, and under no circumstances assume or give the appearance of assuming the right to make determinations in professional areas outside the scope of his assigned responsibilities.
9. Strive to advance the knowledge and practice of medical record science, including continued self-improvement in order to contribute to the best possible medical care.
10. Participate appropriately in developing and strengthening professional manpower and in representing the profession to the public.
11. Discharge honorably the responsibilities of any Association post to which appointed or elected, and preserve the confidentiality of any privileged information made known to him in his official capacity.
12. State truthfully and accurately his credentials, professional education, and experiences in any official transaction with the American Association of Medical Record Librarians and with any employer or prospective employer.

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# 1998 American Health Information Management Association Code of Ethics

## Preamble

This Code of Ethics sets forth ethical principles for the health information management profession. Members of this profession are responsible for maintaining and promoting ethical practices. This Code of Ethics, adopted by the American Health Information Management Association, shall be binding on health information management professionals who are members of the Association and all individuals who hold an AHIMA credential.

- I. Health information management professionals respect the rights and dignity of all individuals.
- II. Health information management professionals comply with all laws, regulations, and standards governing the practice of health information management.
- III. Health information management professionals strive for professional excellence through self-assessment and continuing education.
- IV. Health information management professionals truthfully and accurately represent their professional credentials, education, and experience.
- V. Health information management professionals adhere to the vision, mission, and values of the Association.

- VI. Health information management professionals promote and protect the confidentiality and security of health records and health information.
- VII. Health information management professionals strive to provide accurate and timely information.
- VIII. Health information management professionals promote high standards for health information management practice, education, and research.
- IX. Health information management professionals act with integrity and avoid conflicts of interest in the performance of their professional and AHIMA responsibilities.

*Revised & adopted by AHIMA House of Delegates—October 4, 1998.*

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# 2011 American Health Information Management Association Code of Ethics

## Preamble

The ethical obligations of the health information management (HIM) professional include the safeguarding of privacy and security of health information; disclosure of health information; development, use, and maintenance of health information systems and health information; and ensuring the accessibility and integrity of health information.

Healthcare consumers are increasingly concerned about security and the potential loss of privacy and the inability to control how their personal health information is used and disclosed. Core health information issues include what information should be collected; how the information should be handled, who should have access to the information, under what conditions the information should be disclosed, how the information is retained and when it is no longer needed, and how is it disposed of in a confidential manner. All of the core health information issues are performed in compliance with state and federal regulations, and employer policies and procedures.

Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information. In addition, sensitive information (e.g., genetic, adoption, drug, alcohol, sexual, health, and behavioral information) requires special attention to prevent misuse. In the world of business and interactions with consumers, expertise in the protection of the information is required.

## Purpose of the American Health Information Management Association Code of Ethics

The HIM professional has an obligation to demonstrate actions that reflect values, ethical principles, and ethical guidelines. The American

Health Information Management Association (AHIMA) Code of Ethics sets forth these values and principles to guide conduct. (See also AHIMA Vision, Mission, Values) The code is relevant to all AHIMA members and CCHIIM credentialed HIM professionals [hereafter referred to as certificants], regardless of their professional functions, the settings in which they work, or the populations they serve. These purposes strengthen the HIM professional's efforts to improve overall quality of healthcare.

The AHIMA Code of Ethics serves seven purposes:

- Promotes high standards of HIM practice.
- Identifies core values on which the HIM mission is based.
- Summarizes broad ethical principles that reflect the profession's core values.
- Establishes a set of ethical principles to be used to guide decision-making and actions.
- Establishes a framework for professional behavior and responsibilities when professional obligations conflict or ethical uncertainties arise.
- Provides ethical principles by which the general public can hold the HIM professional accountable.
- Mentors practitioners new to the field to HIM's mission, values, and ethical principles.

The code includes principles and guidelines that are both enforceable and aspirational. The extent to which each principle is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical principles.

## The Code of Ethics and How to Interpret the Code of Ethics Principles and Guidelines

The following ethical principles are based on the core values of the American Health Information

Management Association and apply to all AHIMA members and certificants. Guidelines included for each ethical principle are a non-inclusive list of behaviors and situations that can help to clarify the principle. They are not meant to be a comprehensive list of all situations that can occur.

**I. *Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.***

A health information management professional **shall**:

- 1.1. Safeguard all confidential patient information to include, but not limited to, personal, health, financial, genetic, and outcome information.
- 1.2. Engage in social and political action that supports the protection of privacy and confidentiality, and be aware of the impact of the political arena on the health information issues for the healthcare industry.
- 1.3. Advocate for changes in policy and legislation to ensure protection of privacy and confidentiality, compliance, and other issues that surface as advocacy issues and facilitate informed participation by the public on these issues.
- 1.4. Protect the confidentiality of all information obtained in the course of professional service. Disclose only information that is directly relevant or necessary to achieve the purpose of disclosure. Release information only with valid authorization from a patient or a person legally authorized to consent on behalf of a patient or as authorized by federal or state regulations. The minimum necessary standard is essential when releasing health information for disclosure activities.
- 1.5. Promote the obligation to respect privacy by respecting confidential information shared among colleagues, while responding to requests from the legal profession, the media, or other non-healthcare related individuals, during presentations or teaching and in situations that could cause harm to persons.

- 1.6. Respond promptly and appropriately to patient requests to exercise their privacy rights (e.g., access, amendments, restriction, confidential communication, etc.). Answer truthfully all patients' questions concerning their rights to review and annotate their personal biomedical data and seek to facilitate patients' legitimate right to exercise those rights.

**II. *Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, peers, and to the health information management profession.***

A health information management professional **shall**:

- 2.1. Act with integrity, behave in a trustworthy manner, elevate service to others above self-interest, and promote high standards of practice in every setting.
- 2.2. Be aware of the profession's mission, values, and ethical principles, and practice in a manner consistent with them by acting honestly and responsibly.
- 2.3. Anticipate, clarify, and avoid any conflict of interest, to all parties concerned, when dealing with consumers, consulting with competitors, in providing services requiring potentially conflicting roles (for example, finding out information about one facility that would help a competitor), or serving the Association in a volunteer capacity. The conflicting roles or responsibilities must be clarified and appropriate action taken to minimize any conflict of interest.
- 2.4. Ensure that the working environment is consistent and encourages compliance with the AHIMA Code of Ethics, taking reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the code.
- 2.5. Take responsibility and credit, including authorship credit, only for work they actually perform or to which they

contribute. Honestly acknowledge the work of and the contributions made by others verbally or written, such as in publication.

A health information management professional **shall not**:

- 2.6. Permit one's private conduct to interfere with the ability to fulfill one's professional responsibilities.
- 2.7. Take unfair advantage of any professional relationship or exploit others to further one's own personal, religious, political, or business interests.

III. ***Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.***

A health information management professional **shall**:

- 3.1. Safeguard the privacy and security of written and electronic health information and other sensitive information. Take reasonable steps to ensure that health information is stored securely and that patients' data is not available to others who are not authorized to have access. Prevent inappropriate disclosure of individually identifiable information.
- 3.2. Take precautions to ensure and maintain the confidentiality of information transmitted, transferred, or disposed of in the event of termination, incapacitation, or death of a healthcare provider to other parties through the use of any media.
- 3.3. Inform recipients of the limitations and risks associated with providing services via electronic or social media (e.g., computer, telephone, fax, radio, and television).

IV. ***Refuse to participate in or conceal unethical practices or procedures and report such practices.***

A health information management professional **shall**:

- 4.1. Act in a professional and ethical manner at all times.

- 4.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues. If needed, utilize the Professional Ethics Committee Policies and Procedures for potential ethics complaints.

- 4.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.

- 4.4. Seek resolution if there is a belief that a colleague has acted unethically or if there is a belief of incompetence or impairment by discussing one's concerns with the colleague when feasible and when such discussion is likely to be productive.

- 4.5. Consult with a colleague when feasible and assist the colleague in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

- 4.6. Take action through appropriate formal channels, such as contacting an accreditation or regulatory body and/or the AHIMA Professional Ethics Committee if needed.

- 4.7. Cooperate with lawful authorities as appropriate.

A health information management professional **shall not**:

- 4.8. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-inclusive list of examples includes:

- Allowing patterns of optimizing or minimizing documentation and/or coding to impact payment
- Assigning codes without physician documentation
- Coding when documentation does not justify the diagnoses or procedures that have been billed
- Coding an inappropriate level of service

- Miscoding to avoid conflict with others
- Engaging in negligent coding practices
- Hiding or ignoring review outcomes, such as performance data
- Failing to report licensure status for a physician through the appropriate channels
- Recording inaccurate data for accreditation purposes
- Allowing inappropriate access to genetic, adoption, health, or behavioral health information
- Misusing sensitive information about a competitor
- Violating the privacy of individuals

Refer to the AHIMA Standards for Ethical Coding for additional guidance.

- 4.9. Engage in any relationships with a patient where there is a risk of exploitation or potential harm to the patient.

**V. *Advance health information management knowledge and practice through continuing education, research, publications, and presentations.***

A health information management professional **shall**:

- 5.1. Develop and enhance continually professional expertise, knowledge, and skills (including appropriate education, research, training, consultation, and supervision). Contribute to the knowledge base of health information management and share one's knowledge related to practice, research, and ethics.
- 5.2. Base practice decisions on recognized knowledge, including empirically based knowledge relevant to health information management and health information management ethics.
- 5.3. Contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the health information management profession. These activities may include teaching, research, consultation, service, legislative

testimony, advocacy, presentations in the community, and participation in professional organizations.

- 5.4. Engage in evaluation and research that ensures the confidentiality of participants and of the data obtained from them by following guidelines developed for the participants in consultation with appropriate institutional review boards.
- 5.5. Report evaluation and research findings accurately and take steps to correct any errors later found in published data using standard publication methods.
- 5.6. Design or conduct evaluation or research that is in conformance with applicable federal or state laws.
- 5.7. Take reasonable steps to provide or arrange for continuing education and staff development, addressing current knowledge and emerging developments related to health information management practice and ethics.

**VI. *Recruit and mentor students, staff, peers, and colleagues to develop and strengthen professional workforce.***

A health information management professional **shall**:

- 6.1. Provide directed practice opportunities for students.
- 6.2. Be a mentor for students, peers, and new health information management professionals to develop and strengthen skills.
- 6.3. Be responsible for setting clear, appropriate, and culturally sensitive boundaries for students, staff, peers, colleagues, and members within professional organizations.
- 6.4. Evaluate students' performance in a manner that is fair and respectful when functioning as educators or clinical internship supervisors.
- 6.5. Evaluate staff's performance in a manner that is fair and respectful when functioning in a supervisory capacity.
- 6.6. Serve an active role in developing HIM faculty or actively recruiting HIM professionals.

A health information management professional **shall not**:

- 6.7. Engage in any relationships with a person (e.g. students, staff, peers, or colleagues) where there is a risk of exploitation or potential harm to that other person.

**VII. *Represent the profession to the public in a positive manner.***

A health information management professional **shall**:

- 7.1. Be an advocate for the profession in all settings and participate in activities that promote and explain the mission, values, and principles of the profession to the public.

**VIII. *Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.***

A health information management professional **shall**:

- 8.1. Perform responsibly all duties as assigned by the professional association operating within the bylaws and policies and procedures of the association and any pertinent laws.
- 8.2. Uphold the decisions made by the association.
- 8.3. Speak on behalf of the health information management profession and association, only while serving in the role, accurately representing the official and authorized positions of the association.
- 8.4. Disclose any real or perceived conflicts of interest.
- 8.5. Relinquish association information upon ending appointed or elected responsibilities.
- 8.6. Resign from an association position if unable to perform the assigned responsibilities with competence.
- 8.7. Avoid lending the prestige of the association to advance or appear to advance the private interests of others by endorsing any product or service in return for remuneration. Avoid endorsing products or services of a

third party, for-profit entity that competes with AHIMA products and services. Care should **also** be exercised in endorsing any other products and services.

**IX. *State truthfully and accurately one's credentials, professional education, and experiences.***

A health information management professional **shall**:

- 9.1. Make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the health information management profession, a professional health information association, or one's employer.
- 9.2. Claim and ensure that representation to patients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, training, certification, consultation received, supervised experience, and other relevant professional experience are accurate.
- 9.3. Claim only those relevant professional credentials actually possessed and correct any inaccuracies occurring regarding credentials.
- 9.4. Report only those continuing education units actually earned for the recertification cycle and correct any inaccuracies occurring regarding CEUs.

**X. *Facilitate interdisciplinary collaboration in situations supporting health information practice.***

A health information management professional **shall**:

- 10.1. Participate in and contribute to decisions that affect the well-being of patients by drawing on the perspectives, values, and experiences of those involved in decisions related to patients.
- 10.2. Facilitate interdisciplinary collaboration in situations supporting health information practice.
- 10.3. Establish clearly professional and ethical obligations of the



interdisciplinary team as a whole and of its individual members.

- 10.4. Foster trust among group members and adjust behavior in order to establish relationships with teams.

**XI. *Respect the inherent dignity and worth of every person.***

A health information management professional **shall**:

- 11.1. Treat each person in a respectful fashion, being mindful of individual differences and cultural and ethnic diversity.
- 11.2. Promote the value of self-determination for each individual.
- 11.3. Value all kinds and classes of people equitably, deal effectively with all races, cultures, disabilities, ages and genders.
- 11.4. Ensure all voices are listened to and respected.

## The Use of the Code

Violation of principles in this code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members although in some situations, violations of the code would constitute unlawful conduct subject to legal process.

Guidelines for ethical and unethical behavior are provided in this code. The terms “shall and shall not” are used as a basis for setting high standards for behavior. This does not imply that everyone “shall or shall not” do everything that is listed. This concept is true for the entire code. If someone does the stated activities, ethical behavior is the standard. The guidelines are not a comprehensive list. For example, the statement “safeguard all confidential patient information to include, but not limited to, personal, health, financial, genetic and outcome information” can also be interpreted as “shall not fail to safeguard all confidential patient information

to include personal, health, financial, genetic, and outcome information.”

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values and ethical principles, and offers ethical guidelines to which an HIM professional can aspire and by which actions can be judged. Ethical behaviors result from a personal commitment to engage in ethical practice.

Professional responsibilities often require an individual to move beyond personal values. For example, an individual might demonstrate behaviors that are based on the values of honesty, providing service to others, or demonstrating loyalty. In addition to these, professional values might require promoting confidentiality, facilitating interdisciplinary collaboration, and refusing to participate or conceal unethical practices. Professional values could require a more comprehensive set of values than what an individual needs to be an ethical agent in one’s own personal life.

The AHIMA Code of Ethics is to be used by AHIMA members and certificants, consumers, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. The AHIMA Code of Ethics reflects the commitment of all to uphold the profession’s values and to act ethically. Individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments, must apply ethical principles.

The code does not provide a set of rules that prescribe how to act in all situations. Specific applications of the code must take into account the context in which it is being considered and the possibility of conflicts among the code’s values, principles, and guidelines. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional. Further, the AHIMA Code of Ethics does not specify which values, principles, and guidelines are the most important and ought to outweigh others in instances when they conflict.

## Code of Ethics 2011 Ethical Principles

**Ethical Principles:** The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members and certificants.

A health information management professional shall:

1. Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.
2. Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.
3. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.
4. Refuse to participate in or conceal unethical practices or procedures and report such practices.
5. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.
6. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.
7. Represent the profession to the public in a positive manner.
8. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.
9. State truthfully and accurately one's credentials, professional education, and experiences.
10. Facilitate interdisciplinary collaboration in situations supporting health information practice.
11. Respect the inherent dignity and worth of every person.

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## RESOURCES

- National Association of Social Workers. Code of Ethics. 1999. Available online on the NASW web site.
- AHIMA. Code of Ethics, 1957, 1977, 1988, 1998, and 2004. Available from <http://library.ahima.org/>
- AHIMA. Standards for Ethical Coding. 2008. Available in the AHIMA Body of Knowledge. Available from <http://library.ahima.org/>
- Harman, L.B., ed. Ethical Challenges in the Management of Health Information, 2nd ed. Sudbury, MA: Jones and Bartlett, 2006.
- McWay, D.C. Legal and Ethical Aspects of Health Information Management, 3rd ed. Clifton Park, NY: Cengage Learning, 2010.
- Revised & adopted by AHIMA House of Delegates—(October 2, 2011)

## Common Values of Health Care Regulators

Common Values Statement by the Chief Executives Group of the Health Care Regulators on professional values (as agreed by the Chief Executives of the Regulatory Bodies in 2006)

### Values of Health Care Professionals

All health care professionals are personally accountable for their actions and must be able to explain and justify their decisions. Health care professionals work in many different types of practice. They all have a duty to protect and promote the needs of their patients and clients.

To do this they must:

Be open with patients and clients and show respect for their dignity, individuality and privacy:

- Listen to patients and clients;
- Keep information about patients and clients confidential;
- Make sure their beliefs and values do not prejudice their patients' or clients' care.

Respect patients' and clients' right to be involved in decisions about their treatment and health care:

- Provide information about patients' and clients' conditions and treatment options in a way they can understand;
- Obtain appropriate consent before investigating conditions and providing treatment;
- Ensure that patients have easy access to their health records.

Justify public trust and confidence by being honest and trustworthy:

- Act with integrity and never abuse their professional standing;
- Never ask for, nor accept any inducement, gift, hospitality or referral which may affect, or be seen to affect, their judgment;

- Recommend the use of particular products or services only on the basis of clinical judgment and not commercial gain;
- Declare any personal interests to those who may be affected.

Provide a good standard of practice and care:

- Recognize and work within the limits of their knowledge, skills and experience;
- Maintain and improve their professional knowledge, skills and performance;
- Make records promptly and include all relevant information in a clear and legible form.

Act quickly to protect patients, clients and colleagues from risk of harm:

- If either their own, or another health care worker's conduct, health or performance may place patients, clients or colleagues at risk;
- If there are risks of infection or other dangers in the environment.

Co-operate with colleagues from their own and other professions:

- Respect and encourage the skills and contributions which others bring to the care of patients and clients;
- Within their work environment, support professional colleagues in developing professional knowledge, skills and performance;
- Not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

Reprinted from Chief Executives of the Regulatory Bodies (2006) Common Values Statement by the Chief Executives Group of the Health Care Regulators on professional values, Available from <https://www.professionalstandards.org.uk/docs/scrutiny-quality/common-values-statement-pdf?sfvrsn=0>

## Ethical Challenges Chapter Abstracts

There are many ethical challenges and opportunities for improvement for the health information system. The chapter abstracts for these issues gives readers a general overview of the ethical issues that we face today as well as some that are emerging and will be problematic in the future.

### Professional Ethics

#### Chapter 1: Professional Values and the Code of Ethics

This chapter describes the importance of ethics for the health information management (HIM) professional and those who work on behalf of patients, including health care providers, information technology and business professionals, administrators, and executive officers. Ethical challenges and opportunities for improvement are discussed in the context of ethical decision-making. There is an exploration of the ethical issues that surface in the paper-based, hybrid, and electronic health record systems (EHRS) and hybrid (paper and electronic), all of which are currently operational in the health information system. Based on a review of several professional codes of ethics, the chapter presents values and obligations that are shared. A framework for building an ethical health information system that supports interdisciplinary collaboration is presented. There is a discussion of the importance of the intersection of professional discipline and ethical expertise.

#### Chapter 2: Ethical Decision-Making Guidelines and Tools

Ethics is the formal process of intentionally and critically analyzing, with clarity and consistency, the basis for one's moral judgments. It is important for HIM professionals to engage in this

process, because they are accountable for their actions as professionals, not just personally, but as individuals. Ethical reasoning is necessary to resolve the potential tensions between personal values and professional values and among professional values. This chapter presents a model for ethical decision making and outlines ethical theories and approaches that can help HIM professionals identify ethical issues, work with other members of the team to identify and analyze choices, decide on a course of action, and justify that choice (Glover, J. L.). Two scenarios and ethical decision-making matrices are presented: "Decision Making for an Adolescent"; "Access by Adolescents to Patient Portals."

#### Chapter 3: Privacy and Confidentiality

Privacy is the right to be let alone or the right to decide what information is released to others. Confidential information is compiled during the course of caring for a patient and must be protected by providers of care, HIM professionals, and all others who have legitimate access to information. This chapter explores the primary ethical obligation of the HIM professional to protect the privacy of information compiled in a health information system. The complexity of balancing privacy and confidentiality against the need to respond to legitimate requests for information is discussed, particularly in light of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule and changes per the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act. Authorization requirements are also discussed. Both patient and professional concerns about privacy and confidentiality are identified, with a focus on medical identity theft, the use of electronic health records and mobile devices, and social media challenges (Rinehart-Thompson, L. & Harman, L. B.). Two

scenarios and ethical decision-making matrices are presented: “Family and Friends: Should I Tell?”; “Share Information on Facebook?”

## Uses of Information

The uses of health information are increasing in complexity and raise ethical issues for data analytics; compliance, fraud, and abuse; coding; quality management; research and decision support; public health; longitudinal coordinated care; and clinical care at the end of life.

### Chapter 4: Data Analytics

Advances in technology have enabled the medical community to generate and capture more data than ever before. The availability of health-care data can improve patient health and outcomes, help prevent and detect diseases, and diagnose diseases with more accuracy. It is important to have data analysts that can effectively and reliably analyze this tremendous amount of health data so that healthcare providers make the best decisions for the patients they treat. Much of the data generated comes from a patient’s medical record. This chapter explains current practices of data collection and management of health information and how that can inform care delivery particularly as the medical record transitions into the EMR. The value of EMRs as a primary source of data for the EHR and the big data housed within will be discussed. The ethical issues that surround EMRs and EHRs are also examined (Anderson, B. & Hardin, J. M.). Two scenarios and ethical decision-making matrices are presented: “Readmission Predictive Model Project, Part 1: Right Skills?”; “Readmission Predictive Model Project, Part 2: Impact of Bad Data.”

### Chapter 5: Compliance, Fraud, and Abuse

The HIM professional is a key player in the process that begins with the delivery of care to a patient and leads to the submission of a bill for reimbursement for services provided. One of the HIM professional’s major responsibilities is facilitating the collection of appropriate

information needed to properly assign the correct clinical classification codes to the care provided. This process and responsibility sounds straightforward, but through either dishonest motivations to collect more money than properly owed or sloppy procedures and failure to accept responsibility for staying current and informed, the HIM professional can become involved in, and responsible for, submission of a false claim. The penalties are real and expensive and can include prison. The HIM professional must have knowledge of the applicable guidelines and an appreciation and understanding of the requisite compliance programs for hospitals, physicians, home health agencies, long-term care facilities, laboratories, and third-party payers. This chapter outlines the laws, penalties, and preventive programs that an HIM professional should be familiar with (Rinehart-Thompson, L. A.). Four scenarios and ethical decision-making matrices are presented: “Documentation Does Not Justify Billed Procedure”; “Accepting Money for Information”; “Retrospective Documentation to Avoid Suspension”; “Coder Assigns Code Without Physician’s Documentation.”

### Chapter 6: Coding

Given the competing demands and interests of the many stakeholders in health care, ethical issues are inherent in coding. Regardless of their place of practice, coders must anticipate assessing and responding to ethically challenging situations, whether related to documentation, workplace pressures, cases of outright fraud and abuse, or other quandaries. Guided by and in accordance with applicable legal mandates, professional standards and ethical codes, reputable sources for coding guidelines, and their own personal and professional integrity, coders need to be able to determine, justify, and defend the most appropriate course of action, cognizant of the potential consequences. This chapter cites key coding mandates, guidelines, and directives that inform ethical decision making, illustrates a variety of ethical challenges coders may encounter, and offers a guided approach to resolving them (Holtzman, L. & Holtzman, R.). Three scenarios and ethical decision-making



matrices are presented: “Blood Loss Anemia”; “Thoracic Aortogram”; “Revise the Analysis?”

## **Chapter 7: Quality Management**

Today’s rapidly changing healthcare environment is creating new ethical issues for healthcare professionals who have quality management responsibilities. Rising costs, scarce resources, the hierarchical nature of healthcare organizations, and conflicting values are introducing both challenges and opportunities into the workplace. This chapter draws on current literature and case studies depicting typical ethical dilemmas faced by healthcare professionals involved in quality management activities. The scenarios and the standards for ethical decision making explored in this chapter are intended to help professionals sort out the ethical issues that they may have to deal with during the performance of quality management activities (Spath, P. L. & Leonard, F. B.). Five scenarios and ethical decision-making matrices are presented: “Inaccurate Publicly Reported Performance Data”; “Audit Results Indicate Inappropriate Health Care”; “Reporting Hospital-Acquired Conditions”; “Disclosure of an Unanticipated Outcome”; “Failure to Check Physician’s Licensure Status.”

## **Chapter 8: Research and Decision Support**

The roles of research specialists (RSs) and decision support specialists (DSSs) are intimately related to the use of various information technologies that gather and store data and perform sophisticated analyses. These roles are sometimes imbedded in job titles such as health data analyst or data quality manager. The incorporation of new technologies to support the work of these specialists, particularly growth of electronic health records, makes it easy to track individuals, identify their characteristics, and pinpoint their preferences, inclinations, and medical conditions. Furthermore, the massive increase of information collection, storage, and retrieval associated with new technologies and industry demands for more information introduces a greater likelihood of data integrity concerns. RSs and DSSs have always been challenged in their work by

ethical considerations with regard to informational privacy and data integrity. The purpose of this chapter is to discuss how these ethical considerations have expanded and what new challenges face these professionals given the current advances in the use of information technologies (White, S. & Hardin, J. M.). Two scenarios and ethical decision-making matrices are presented: “Designing a Survey to Bias the Results”; “The Impact of Sample Selection Bias.”

## **Chapter 9: Public Health**

Government access to, and use of, patient information is critical for protecting the public’s health. At the same time, it raises ethical challenges to doctor–patient confidentiality and respect for the individual’s privacy. This chapter explores the use of patient data to assess and protect the health of the population at local, state, national, and international levels. It raises the difficult question of when the government’s need to know should prevail over the interests of the individual and his or her desire to keep personal information solely within the provider–patient relationship. A theoretical framework is provided for addressing difficult policy choices about when patient information ought to be reported to health authorities. The chapter also explores emerging issues in global health and the use of social media in public health activities (Neuberger, B. J. & Swirsky, E. S.). Two scenarios and ethical decision-making matrices are presented: “Gun Control and Reporting Mental Health Status”; “Conflicting Personal and Public Duties.”

## **Chapter 10: Longitudinal Coordinated Care**

A most significant change is occurring in health care: the patient is now at the center not only as a patient but also, more importantly, as a person and as a member of the care team. In fact, there is a new emphasis on the care team itself as one that changes in response to the needs and expectations of the patient. The shift to integrated care over the continuum has been named “longitudinal care.” This chapter will explore the ethical issues in longitudinal care. However, in order to do that, the chapter will begin with

a discussion of the changes in health care leading to the shift to longitudinal care and the elements necessary to sustain the transformation. This will be followed by an introduction to patient-centered medical homes, longitudinal care, and its subgroup, complex care management. Finally, ethical considerations and some of the ethical issues that may occur in longitudinal care will be analyzed (Schick, I.C.). Two scenarios and ethical decision-making matrices are presented: “Competing Stakeholder Agendas in a Community ACO”; “Patient Transfer.”

### Chapter 11: Clinical Care: End of Life

Dying a “good death” is a universal need. However, achieving this goal can be elusive. Advances in medical care have added years to the life expectancy of individuals with advanced chronic and terminal illnesses. However, many Americans continue to have difficult experiences caring for a dying family member or a dear friend (IOM, 2014). Efforts to make informed treatment decisions may be complicated by significant frailty, hearing and vision loss, and cognitive impairment. In addition values, cultural beliefs, family dynamics, and life experiences add to the complexities of end-of-life discussions. This chapter presents the role of information exchange in scenarios commonly encountered among older adults with advanced illnesses. These scenarios reveal the challenges healthcare providers face as they address end-of-life topics in an effort to support their patients across a fragmented healthcare continuum (Mandi, D., Silverman, M.A., Tischler, J.F., Golden, A. G.). Four scenarios and ethical decision-making matrices are presented: “Bad News”; “Treatment Choices”; “Advance Care Planning”; “Palliative Care.”

## Electronic Health Information

Electronic health information supports or is supported by: electronic health records, information security, information technology and biomedical instrumentation, information governance and management, integrated delivery systems, and digital health (health information technology and information exchange).

### Chapter 12: Electronic Health Records

The increasing implementation of EHR systems and the increasing sophistication of these systems have raised new ethical issues with regard to the potential for compromising data integrity and confidentiality for the sake of greater business efficiency, better system performance, or more convenient and timely access to data. Although EHR systems include security features, technological solutions alone are not adequate to protect the integrity and confidentiality of patient information. This chapter presents ethical dilemmas typically raised during system planning, when working with alliance partners to link organizations’ EHRs, and following the implementation of EHR systems. This chapter explores how these dilemmas can be addressed by HIM professionals (Hanken, M. A. & Murphy, G.). Three scenarios and ethical decision-making matrices are presented: “Patient Record Integrity and Access”; “Parent Access to Child’s Health Information”; “Differences When Linking EHR Systems.”

### Chapter 13: Information Security

Traditionally, the security of paper-based systems consisted of a repository of information typically stored in the basement or at an off-site location where access was limited to one person at a time, and was controlled by mechanisms like doors, locks, identification cards, and tedious sign-out procedures for authorized users. Unauthorized access to patient information triggered no alerts, nor was it known what information had been viewed. (Harman, Flite & Bond, p712). Paper-based systems, flawed by filing backlogs; lost records; and illegible handwriting caused delays in care due to unavailability of crucial information. Today, however, healthcare organizations create, transmit, maintain, and store information electronically. The movement toward health information exchanges (HIEs) and a Nationwide Health Information Network (NwHIN) have led to more confidential patient information being transmitted electronically. This explosion of available information and the technology utilized to ensure confidentiality and security

presents challenges. EHRS, the Internet, email, personal health records (PHR), and social media must all be secure in the information system. Although security standards are not new to health care, the adoption of the Health Insurance Portability and Accountability Act of 1996 and the recent updates to HIPAA regulations under the Health Information Technology for Economic and Clinical Health of 2009 have introduced a host of security mandates that pertain to the electronic protection of protected health information (PHI). This chapter will focus on security standards and provide a framework for establishing a viable health-care security program. The ethical issues and good business practices facing HIM and IT professionals as they strive to deal with security will be addressed (Czirr, K. & West, E.). Three scenarios and ethical decision-making matrices are presented: “A Curious Human Resource Employee”; “Failure to Log Off of the System”; “Storing Data on a Laptop Computer.”

### **Chapter 14: Information Technology and Biomedical Instrumentation**

Development and implementation of health information technology (HIT) such as electronic health records (EHRs) and the use of biomedical instrumentation in healthcare organizations is a multidisciplinary undertaking. The various professionals involved will have differing opinions and needs. Because health informatics (HI) and information management (HIM) professionals have a major role in this development and implementation, they must decide how to resolve conflicting requests from stakeholders in ways that conform to various professional codes of ethics, are compatible with established standards, and meet the needs of their organization. As the drive for meaningful use intensifies, interoperability of biomedical instrumentation moves to the forefront as key stakeholders begin to see the immense potential that full integration can bring to health care. With this, however, comes a myriad of challenges. This chapter explores typical conflicts among stakeholders, offers possible solutions to such conflicts, and presents a collaborative model for making decisions by integrating input and reconciling

conflicting interests (Fenton, S. H. & Cornelius, F.H.). Three scenarios and ethical decision-making matrices are presented: “Lack of Interoperability”; “Data Interface Decisions”; “Data Interface Quality.”

### **Chapter 15: Information Governance and Management**

Health care is rapidly replacing paper medical records with electronic health record systems and other types of information and communications technologies. These technologies are impacting every aspect of healthcare delivery, including how patients interact with providers. In addition, digital patient data are aggregated for population health and a range of other important uses. Despite rapid adoption of technologies and exploitation of digital data, the foundations for effective stewardship and governance of digital healthcare information are generally underdeveloped. Stewardship is an ethic relating to the responsible handling of information, and governance sets forth the ground rules for execution of this responsibility. In the absence of deliberate stewardship and clear ground rules, information assets are vulnerable to inappropriate, even unethical practices and their value is diminished. Health information management practice, too, is profoundly altered by technology, yet the best practices of traditional medical record management have yet to be fully adapted to the new world of health information management. Beyond the rapid advances of the healthcare system, patient-generated information about health and wellness is emerging as a major lever for change. With smartphones and wearable sensors, people are using apps to monitor activity levels, heart rate, stress, and sleep patterns. When linked with location and other data, this personal information offers great potential for gaining a better understanding of the important impact of social determinants on health. At present there is no stewardship infrastructure or ground rules for safeguarding personal health data that is beyond the scope of existing privacy and security laws and regulations. The focus on governance of data and information has increased across all information-intensive

industries paralleling the adoption of information and communications technologies. Formal governance and well-adapted management practices are essential for ethical stewardship of healthcare information. This chapter explores these challenges and opportunities, illustrates the range of ethical questions they raise, and offers insights about how organizations are approaching these imperatives to mitigate unintended consequences (Kloss, L. L.) Four scenarios and ethical decision-making matrices are presented: “Stewardship Literacy for Community Health Improvement”; “Managing Patient Identification as Master Data”; “Big Data Analytics and Stewardship”; “EHR Integrity Management.”

## Chapter 16: Integrated Delivery Systems

HIM professionals must deal with complex issues related to their responsibilities for ensuring the security of electronic information and the privacy and quality of patient information. For HIM professionals working in an integrated delivery system (IDS), the complexities of these issues are multiplied. Privacy, security, and data quality policies and procedures must be developed and monitored for the IDS as a whole. In addition, individual entities may have their own policies and regulations. HIM professionals need to balance the needs of the IDS with the autonomous needs of the individual healthcare entities. Due to the business drivers in the healthcare environment, it is difficult to find a hospital or provider that is not in the process of joining an integrated delivery system. Although this is due to many reasons, financially it is difficult for providers to remain solo with the regulations associated with compliance, electronic records, and insurance. This chapter explores the special issues that HIM professionals must consider in carrying out their responsibilities within an IDS and the skills that such tasks require (Olson, B. & Grant, K. G.). Three scenarios and ethical decision-making matrices are presented: “Scheduling Clerk Has Access to Clinical Information”; “Vulnerabilities in the Electronic Health Record”; “Inconsistencies in the Patient Identity Management System.”

## Chapter 17: Digital Health: Health Information Technology and Information Exchange

Health information technology has been identified as essential for improvements in health and the healthcare system to make the system safer and more efficient. Such HIT systems include: EHRs, PHRs, mobile health (mHealth), telehealth, telemedicine, patient portals, electronic prescribing (eRX), HIE, computerized provider order entry (CPOE), and clinical decision support (CDS). CPOE entails the provider’s use of computer assistance to directly enter medication orders from a computer or mobile device. The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization. CDS provides clinicians, staff, patients, or other individuals with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and health care. CDS encompasses a variety of tools to enhance decision-making in the clinical workflow. These tools include computerized alerts and reminders to care providers and patients, clinical guidelines, condition-specific order sets, focused patient data reports and summaries, documentation templates, diagnostic support, and contextually relevant reference information. These systems are widely seen as central to controlling costs, increasing efficiency, reducing errors, and improving quality. Many stakeholders, including clinicians, providers, patients, and consumers, researchers, educators, academicians, regulators, entrepreneurs, policy makers, and health informatics and information management professionals are critical to the ongoing success of these efforts. More widespread adoption of HIT and HIE will help ensure that health and healthcare decisions are based on timely, relevant, accurate, and complete data and information. Stakeholders need to closely examine and monitor potential ethical implications that will arise from the continued implementation of HIT and HIE along with the diverse and widespread uses and users of health data and information (Bloomrosen, M.). One scenario and ethical decision-making matrices is presented: “Health Informatics and Information Management (HIIM) Professionals’ Role.”



## Sensitive Health Information

The management of sensitive health information requires special attention, given the availability of genetic information; adoption information; and substance abuse, behavioral health, and sexual information.

### Chapter 18: Genetic Information

As now defined by law, genetic information includes the genetic testing results of an individual and individual's family members, as well as family health history. Genetic information can be used to diagnose disease, make treatment decisions, and take preventive measures against conditions for which one has increased risk. As the uses of genetic information increase, so does the importance of managing that information properly. Rapid advances in genetic research and the emerging applications for clinical practice have heightened public sensitivity about who will have access to genetic information and how it will be used. This chapter discusses the management of genetic information in the clinical realm, as well as the federal and state laws that address privacy and confidentiality with regard to genetic information. It also describes special considerations related to the emerging fields of translational science and precision medicine. It discusses the responsibility of HIM professionals with regard to this information. One scenario and ethical decision-making matrices is presented: "Genetic Privacy."

### Chapter 19: Adoption

Adoption is an arena in which traditional assumptions regarding access to health information among relatives are being reconsidered. Previous reliance on legal secrecy in these relationships has been challenged as more importance is placed on the right of individuals to know their biological heritage. Furthermore, families in which children are not biologically related to one or either parent are increasingly being created through the use of assisted reproductive technologies (ART). The legal, ethical, and research experience with adoption provides

a framework from which to confront the emerging issues for children and families created in these nontraditional ways. HIM professionals will be increasingly confronted with issues related to access to medical information, and adoption provides a useful framework for considering them (Jones, M. L.) Three scenarios and ethical decision-making matrices are presented: "Seeking Information Many Years Later"; "An Adoptee Seeks Information on Her Biological Family"; "A Birth Mother Seeks Information on Her Biological Son."

### Chapter 20: Substance Abuse, Behavioral Health, and Sexual Information

Certain health information, such as information about substance abuse and treatment, mental illnesses (also referred to as psychiatric illnesses) (e.g., schizophrenia or bipolar disease), and sexually transmitted diseases (e.g., venereal disease, HIV/AIDS), is highly sensitive and therefore receives special legal protections because its disclosure can have unfortunate legal, stigmatic, and discriminatory consequences. The AHIMA Code of Ethics (2011, Principles 1, 3 and 11) emphasizes this principle by identifying substance abuse, behavioral health, and sexual information as sensitive information that requires special attention to prevent misuse. However, this same information that requires special protection may also be requested for law enforcement purposes or for the protection of others. HIM professionals working in the behavioral health and substance abuse/treatment fields, or with information pertaining to sexually transmitted diseases (including HIV/AIDS), are likely to encounter ethical challenges above and beyond those experienced by individuals working in other healthcare settings. This chapter describes several difficult situations that HIM professionals may face and explores the legal and ethical aspects of those situations (Rinehart-Thompson, L. A. & Randolph, S.J.). Eight scenarios and ethical decision-making matrices are presented: "The Arrest Warrant: Is This Person in Your Facility?"; "Safety of a Citizen Versus Privacy of a Patient"; "Patient Confesses to a Psychiatrist"; "Patient Confesses to the Nurse's Aide"; "Verifying Admission Can

Violate Privacy”; “A Prisoner Who May Have AIDS”; “Workers’ Compensation Case”; “Children’s Protective Services.”

## Consumer and Professional Informatics

Consumer and professional informatics involves digital health technologies for consumers, patients, and caregivers; management and leadership; entrepreneurship; vendor management; and advocacy.

### Chapter 21: Digital Health Technologies for Consumers, Patients, and Caregivers

Digital health technologies support consumers, patients, and caregivers in many health information and management activities that will change in form and function over time. These technologies currently enable searching for health information and advice, monitoring various aspects of health in real time, accessing personal health data from providers, creating and maintaining personal health records, and conducting virtual consultations with care providers. As helpful as these activities can be, they also represent a shift in the interaction among HIM and other professionals, and where and how these interactions will occur. Therefore, the use of digital health technologies raises a number of ethical issues for HIM professionals because of their increasingly frequent and direct interactions with consumers, patients, and caregivers as partners in health information management. HIM professionals inside and outside the healthcare delivery system may be called on to facilitate and navigate uncharted territory in health information access and management as healthcare organizations develop their digital health capacities and technology companies offer tools directly to the public. This chapter explores several of the ethical issues raised by digital health technologies (Baur, C. & Deering, M. J.). Two scenarios and ethical decision-making matrices are presented: “Plain Language and Health Information Privacy Policies”; “Ensuring Privacy Protections for Digital Health Technologies.”

### Chapter 22: Management and Leadership

This chapter explores ethical issues facing HIM professionals and discusses the importance of moral awareness, rationalization, socialization, moral muteness, and the consequences of ethical failures. This chapter will explore stages of moral development as a guide for managerial decision making and review several reasons why ethical management decisions are not always congruent with organizational policy. This chapter focuses on the professional values that challenge managers to increase moral awareness and nurture an ethical work environment (Flite, C. A. & Johns, M. L.). Five scenarios and ethical decision-making matrices are presented: “Lateness and Absenteeism—Fire the Employee”; “Lateness and Absenteeism—Do Not Fire the Employee”; “Telecommuting”; “Avoiding an Employee Who Will Be Fired”; “Failure to Document Poor Work Performance for a Friendly Employee.”

### Chapter 23: Entrepreneurship

Entrepreneurship (taking advantage of market opportunities to develop a business) and intrapreneurship (applies the style of new business development within an established company) are growing trends among HIM professionals. Although both offer exciting opportunities, they also involve unique ethical challenges. To deal with these challenges, HIM professionals need to know about business ethics as well as the code of ethics for the HIM profession. This chapter describes ethical dilemmas typically encountered in consulting and contracting and discusses principles and practice standards by which they may be resolved (Gardenier, M. & Olenik, K.). Four scenarios and ethical decision-making matrices are presented: “Competing Constituencies”; “Negotiating Contracts”; “Unrealistic Client Expectations”; “Discovering Sensitive Information About a Client, Competitor, or Colleague.”

### Chapter 24: Vendor Management

Vendors perform important roles in their relationship with HIM professionals. Both the vendor and the HIM professional may contribute to the success or failure of these crucial business relationships.



In order to communicate effectively with vendors, HIM professionals must recognize common ethical dilemmas. This chapter will describe skills needed to communicate with vendors as well as how to select vendors, manage vendor relationships, create requests for proposals (RFPs), and negotiate contracts and monitor contracts, if unethical practices surface after the contract has been signed (Olenik, K). Six scenarios and ethical decision-making matrices are presented: “Vendor Request”; “Vendors as Friends”; “Gifts”; “Preferred Vendors”; “Negotiating”; “Unethical Behavior.”

## **Chapter 25: Advocacy**

Advocacy is ethics in action—choosing to take a stand for and speak out for the rights or needs of a person, group, organization, or community. All healthcare workers have many opportunities to advocate for patients, peers, the staff with whom they work or supervise, the organization for which they work, themselves, and the larger community and society in which they live. Health information advocacy involves tensions and risks, and it can produce benefits both personally and professionally as well as for all those involved (Helbig, S.). Six scenarios and ethical decision-making matrices are presented: “Violating the Privacy of a Prominent Citizen”; “Compassion in Action for an Alcoholic Peer”; “Cockroaches in the HIM Department”; “Unfair Treatment of Part-Time Workers”; “Small Print on a Consent Form”; “The Data Warehouse Wants to Sell Patient Information.”

## **Chapter 26: Future Challenges and Opportunities**

This chapter explores the future challenges and opportunities that health information

management (HIM), health information technology (HIT), all healthcare professionals, public health and business professionals may encounter. The uses of information are reviewed, including for clinical care (substance abuse, behavioral health and sexual information, longitudinal coordinated care) and end of life, family decisions (adoption and genetics), and data analysis (quality management, research and decision support, data analytics, information governance and management, and public health). Potential future professional roles are examined for management and leadership, entrepreneurship and intrapreneurship, vendor management, and advocacy. Emerging trends are explored, including technology explosion; digital health; health information technology and information exchange; digital health technologies for consumers, patients, and caregivers; electronic health records; integrated delivery systems; biomedical instrumentation and interoperability; growth for healthcare expenditures; and growth for health information technology. This section concludes with an exploration of the challenges and opportunities that are likely in the future. The challenges relate to the changes and responses needed for the clinical and legal systems; privacy and confidentiality; coding, fraud, and abuse; technology; information security; cyberintelligence and cybersecurity; security breaches; interoperability, terminology and standards; big data/data analytics; surveillance; and cloud computing (Cornelius, F. H., Harman, L. B. & Mullen, V. L.). Opportunities include interdisciplinary education, interdisciplinary collaboration, and incorporating ethics as a standard of practice. Strategies to prepare current and future generations of health information, healthcare, and business professionals are discussed.