

Examples from Patients and Providers

MHRA creates burdens and barriers to optimal patient care that would not exist if we could share information as permitted under federal law.

- A patient with a chronic or complex medical condition who has a primary care provider and several specialty care providers across different health systems is required to sign and return consents to each health care provider to make sure her health care team can get the information needed from other providers on that team. This unfairly places the burden of coordinating medical information on patients and families, adding to the stress of being ill or caregiving.
- An emergency medical services (EMS) provider responds to treat a patient and is transporting him to a hospital. Without first obtaining the patient's consent, the EMS provider has difficulty obtaining feedback from the recipient hospital that could inform clinical practice improvement and improve outcomes for the patient, such as how to know when to administer oxygen on the way to the hospital.
- A primary care provider and an oncology clinic each must obtain consent to share patient information for the purposes of care coordination and continuity.
- Parents of a new baby change health care providers. Because previous health records are not shared, the baby must undergo duplicative tests, X-rays and needle sticks that are distressing to both baby and parents.