

LEGAL STUDY OF ELECTRONIC MEDICAL RECORDS FOR THE PROTECTION OF PATIENT RIGHTS

Indriani Sukesti¹, Endang Sutrisno², Sri Primawati Indraswari³

¹RSD Mitra Plumbon, Cirebon, Indonesia

^{2,3}Universitas Swadaya Gunung Jati, Cirebon, Indonesia

indrianisukesti@gmail.com¹, endang.sutrisno@ugj.ac.id²,

sri.primawati.indraswari@ugj.ac.id³



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Abstract: *Electronic Medical Records have an important role in supporting the implementation of the National Health System. It is stated in the Regulation of the Minister of Health (PMK) Number 24 of 2022 concerning Medical Records that all Hospitals are required to implement an electronic patient medical history recording system as a form of implementing the transformation of health technology which is part of the 6th pillar of Health Transformation with the hope of being able to provide significant progress in patient accessibility in accessing information and the right to protection of personal data related to their health status. Patient rights are stated in Law Number 17 of 2023 Article 276, while policies in the process of accessing information and protecting personal data are regulated in Law of the Republic of Indonesia Number 14 of 2008 concerning Openness of Public Information and Law of the Republic of Indonesia Number 27 of 2022 concerning Protection of Personal Data. The purpose of this study is to analyze the legal aspects of electronic medical records for the protection of patient rights. This study uses a qualitative method with a normative legal approach. In its findings, Electronic Medical Records still need a lot of development both in terms of systems and users so that Hospitals need to strive to improve the capabilities of Human Resources by conducting training and organizing post-implementation evaluations of Electronic Medical Records. In addition, guarantees of data security in Electronic Medical Records must be regulated in special legislation to maintain aspects of data security that are the rights of patients considering that this digitalization era is very vulnerable to cybercrime.*

Keywords: Legal Aspects, Electronic Medical Records, Protection of Patient Rights

I. INTRODUCTION

In the Indonesian legal system, the right to health services is a human right guaranteed by the 1945 Constitution. Although the right to health services has long been recognized, the very rapid development of information technology has caused medical record services, which have so far been carried out manually, to need to keep up with the times (Nurhayati, R.B., Agustina, Renita., Ch. Koesmartadi, 2023). With the enactment of the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, the Indonesian Ministry of Health has initiated an update to the medical record recording system for various health services at Hospitals, Health Centers, Clinics, and Independent Health Service Practices by Doctors, Dentists and other Health Workers.

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in the Pancasila and the 1945 Constitution of the Republic of Indonesia. In line with the mandate of Article 28H Paragraph (1) of the 1945 Constitution of the Republic of Indonesia, it is stated that:

"Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and has the right to obtain health services".

Then in Article 34 Paragraph (3) of the 1945 Constitution of the Republic of Indonesia, it states that:

"The state is responsible for providing adequate health service facilities and public service facilities".

Hospitals as one of the health service facilities are part of the health resources that are very much needed in supporting the implementation of health efforts. The provision of health services in hospitals has very complex characteristics and organizations. Various types of health workers with their respective scientific devices establish relationships and interact with each other in order to provide quality and quality health services (Adikoesoemo, S, 2017).

Based on Article 1 (10) of the Republic of Indonesia Law Number 17 of 2023 concerning Health, it states that:

"A Hospital is a Health Service Facility that provides comprehensive individual Health Services through promotive, preventive, curative, rehabilitative, and/or palliative Health Services by providing inpatient, outpatient and emergency services".

The operational implementation of the Hospital cannot be separated from legal responsibility. The first thing that needs to be known in creating legal protection for patients is that the parties must understand the rights and obligations inherent in themselves, including health service providers to be responsible for the profession provided to recipients of service providers in accordance with the Regulation of the Minister of Health No. 42 of 2018 concerning the Hospital Ethics and Law Committee. The Hospital guarantees legal protection for doctors and health workers so that they do not cause medical errors in treating patients, while patients receive protection from the responsibility of the Hospital and doctors as health workers.

One of the indicators for assessing the quality of a health service is the availability of complete and accurate medical records. Without completeness and accuracy of medical records, it can give the impression that health services are not running properly and it is difficult to imagine the actual facts. This is because medical records are a collection of all activities of health workers that are inputted through writing, analyzed and describe all forms of their activities towards patients during the treatment period.

The form of progress in science and information technology in health services today is Electronic Medical Records which have integrated data and play an important role in improving the quality and quality of the health service system (Wimmie Handiwidjojo, 2015). The transition process has been implemented since the issuance of the Minister of Health Regulation (PMK) Number 24 of 2022 concerning Medical Records which requires all

Hospitals to implement an electronic patient medical history recording system as a form of implementing health technology transformation which is part of the 6th pillar of Health Transformation. Therefore, the implementation of electronic medical records is also expected to have significant progress in line with the applicable legal aspects (Furukawa, M. F., Raghu, T. S., & Shao, B. B. M., 2010).

According to Article 173 of the Republic of Indonesia Law No. 17 of 2023 concerning Health, it is stated that quality Health Service Facilities that prioritize safety are required to organize medical records. The provisions for medical records are stated in Article 296 of Law No. 17 of 2023 concerning Health, which states that (Muhamad Sadi Is, 2015):

“Every medical and health worker who provides individual health services is required to make a medical record. The contents of the medical record include the following information; (1) Patient identity and consent/permission form; (2) Medical history; (3) Physical examination report; (4) Diagnostic and therapeutic instructions signed by authorized health workers; (5) Observation notes; (6) Action and finding reports; (7) Summary of discharge history (patient resume)”.

Medical Record Documents belong to Health Service Facilities as stated in Article 297 Paragraph (1) of Law No. 17 of 2023 concerning Health and Article 297 Paragraph (2) of Law No. 17 of 2023 concerning Health which reads:

“Every Patient has the right to access information contained in the medical record document”.

The era of digitalization with the implementation of electronic medical records has become a new challenge for health service facility providers, regarding things that need to be watched out for in the application of electronic medical records, namely cyber crime which results in the spread of patient personal data and brings great losses. In addition, the transition to Electronic Medical Records (EMDR) also requires significant investment in infrastructure and staff training. In addition, cultural resistance to change and potential privacy issues must be addressed. Therefore, in carrying out their roles and functions, the main thing for health workers is to be obliged to provide protection for patient rights (Kurniawan, A. L., & Setiawan, A, 2021).

Patients have the position of consumers, have the right to use goods and/or services available in the community for the benefit of themselves, their families, other people, or other living things and not for trading. As consumers, patients have patient rights to health services at Health Service Facilities, the provisions of the Patient Rights Protection Law also apply.

Protection related to patient rights in Electronic Medical Records is based on the principle of consumer protection and privacy of health information. Patients as consumers of health services have the right to obtain privacy and security of their health information including in the use of electronic medical records. In this case, in general, hospital patients need to have all their rights protected. According to Article 276 of Law No. 17 of 2023 concerning Health, it is stated that:

“Patients have the following rights; (a) Obtaining information about their health; (b) Obtaining adequate explanations regarding the Health Services they receive; (c) Obtaining Health Services in accordance with medical needs, professional standards, and quality services; (d) Refusing and agreeing to medical actions, except for medical actions needed in the context of preventing infectious diseases and dealing with Extraordinary Events (KLB) or Epidemics; (e) Obtaining access to information contained in medical records; (f) Requesting the opinion of Medical Personnel or other Health Personnel; and (g) Obtaining other rights in accordance with the provisions of laws and regulations. Thus, the background of consumer protection related to patient rights in electronic medical records refers to the principle of consumer protection and security of patient privacy data”.

As stated in Article 4 Paragraph (i) of the Republic of Indonesia Law No. 17 of 2023 concerning Health which states that;

"Everyone has the right to obtain confidentiality of their personal health data and information"

It can be concluded that all or any form of information contained in medical records must be kept confidential as stated in Article 274 of Law No. 17 of 2023 concerning the Rights and Obligations of Medical Personnel and Health Personnel.

In addition to confidentiality, Article 1 Paragraph (5) of PERMENKES No. 24 of 2022 concerning Medical Records states that:

"Health service facilities are tools and/or places used to organize health service efforts, both promotive, preventive, curative and rehabilitative carried out by the government, local government and/or community. And furthermore, every health service facility is required to organize electronic Medical Records as an information system which is a series of activities that include storing and managing information as well as information storage mechanisms from the organizer to the community and vice versa in oral form, Latin writing, writing in Braille, picture language, and/or local language, and presented manually or electronically."

However, because these medical records have the principle of confidentiality, the provision and access of information must be in accordance with the patient's consent and autonomy. A significant correlation is stated in Article 2 Paragraph (4) of the Republic of Indonesia Law Number 8 of 1999 concerning consumer protection, that:

"Excluded Public Information is confidential in accordance with the Law, propriety, and public interest based on testing the consequences that arise if information is provided to the public and after careful consideration that closing Public Information can protect greater interests than opening it or vice versa".

Guaranteed protection of patient rights makes the quality of service more effective and efficient both in the context of professional health management in health care facilities and in accordance with applicable laws. The implementation of electronic medical records is closely related to the protection of patient rights, considering the many challenges that will be faced by health workers in the era of digital reform, such as examining the effectiveness of Electronic Medical Records (EMR) which can make it easier for patients to access health information in addition to matters related to cyber crime that often occur in several Health Care Facilities which cause great losses for both parties. This is the background for researchers to study and analyze in more depth the legal study of electronic medical records to protect patient rights. The purpose of this study is to examine the legal aspects of electronic medical records related to the protection of patient rights and to determine the efforts of hospitals in terms of the use of electronic medical records based on the Minister of Health Regulation (PMK) Number 24 of 2022 concerning Medical Records.

II. RESEARCH METHODS

In this research, the paradigm used is the positivist paradigm, using qualitative methods and a normative legal approach which basically analyzes laws which are conceptualized as standards or decisions which apply publicly, and become a reference for the behavior of every person.

III. DISCUSSION

1. Legal Aspects of Electronic Medical Records with Protection of Patient Rights

Health services are one of the efforts that can be made to improve the welfare of society as a whole. Health services are every effort, either carried out individually or together in an organization to improve and maintain health, prevent disease, treat disease and restore health aimed at individuals, groups or communities.

In providing health services, it is expected that hospitals can provide quality services. Good health services generally mean having good medical records. The Unitary State of the Republic of Indonesia is a country of law, all actions and actions are always based on law as well as in the relationship between health workers and patients bound by legal relations.

Medical records are files containing notes and documents regarding patient identity, examination, treatment, actions, and services that have been provided by health workers to patients. Medical records are very necessary in every health service facility or health service regarding the legal aspects provided to patients, both outpatient services, inpatient services and emergency services.

The relationship between legal aspects of electronic medical records and the protection of patient rights includes:

- a) Article 28H Paragraph 1 of the 1945 Constitution of the Republic of Indonesia, which reads: "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and has the right to obtain health services".
- b) Electronic medical records are confidential
- c) Law of the Republic of Indonesia Number 17 of 2023 Article 298 concerning medical records, which reads: "(1) The ministry that organizes government affairs in the health sector is responsible for managing medical record data in the context of managing national health data; (2) Management of medical record data as referred to in paragraph (1) includes formulating policies, collecting, processing, storing, securing, transferring data, and monitoring.
- d) Law of the Republic of Indonesia Number 17 of 2023 Article 276 concerning patient rights, which reads: "Patient rights include; (a) Obtaining information about their health; (b) Obtaining adequate explanations regarding the health services they receive; (c) Obtaining health services in accordance with medical needs, professional standards, and quality services; (d) Refuse and approve medical actions, except for medical actions required for the prevention of infectious diseases and the handling of Extraordinary Events (KLB) or Epidemics; (e) Obtain access to information contained in medical records; (f) Request the opinion of medical personnel or other health workers; (g) Obtain other rights in accordance with the provisions of laws and regulations.
- e) Law of the Republic of Indonesia Number 17 of 2023 Article 277 Concerning Patient Obligations which reads: "Patients have the obligation to: (a) Provide complete and honest information about their health problems; (b) Comply with the advice and instructions of medical personnel and health workers; (c) Comply with the provisions applicable to Health Service facilities; and (d) Provide compensation for services received.
- f) Law of the Republic of Indonesia Number 14 of 2008 Article 4 Paragraph (1) Concerning Openness of Public Information which reads: "Everyone has the right to obtain Public Information in accordance with the provisions of this law."
- g) Law of the Republic of Indonesia Number 14 of 2008 Article 17H concerning Excluded Information which reads: "Every public body is required to open access for every applicant for public information to obtain public information, except: public information which if opened and provided to the applicant for public information can reveal personal secrets, namely; (1) history and condition of family members; (2) history, condition and care, treatment of a person's physical and psychological health; (3) a person's financial

condition, assets, income, and bank accounts; (4) evaluation results regarding a person's capabilities, intellectuality, and recommendations for their abilities; and/or (5) records concerning a person's personal life relating to formal and non-formal educational activities."

- h) PERMENKES Number 24 of 2022 concerning medical records Article 32 Paragraph (1) concerning the confidentiality of electronic medical records which reads: "The contents of medical records must be kept confidential by all parties involved in health services at health care facilities even though the patient has died".
- i) Law of the Republic of Indonesia Number 27 of 2022 concerning Personal Data Protection (PDB) Article 1 Paragraph (2) concerning General Provisions for Personal Data Protection (PDB) which reads: "Personal data protection is the overall effort to protect Personal Data in the series of Personal Data processing in order to guarantee the constitutional rights of Personal Data subjects". This Law is rooted in the 1945 Constitution of the Republic of Indonesia Article 29G that personal data protection is one of the human rights which is part of personal self-protection, so it is necessary to provide a legal basis to provide security for personal data.
- j) Regulation of the Minister of Communication and Informatics No. 20 / 2016 concerning Personal Data Protection in Electronic Systems.

One of the main ideas of the 1945 Constitution states that the state protects all Indonesian people and all of Indonesia's territory based on unity by realizing social justice for all Indonesian people. One manifestation of this main idea is that the state provides protection for citizens' property rights. The provisions in Article 28H paragraph 4 of the 1945 Constitution state that everyone has the right to have personal property rights and these property rights may not be taken arbitrarily by anyone. The contents of the medical record belong to the patient and contain information about the patient's personal and health matters. The hospital, on the other hand, also has ownership rights to the medical record documents so that the physical files of the medical records must be stored. Thus, the medical record files may not be taken by the patient and if they are lost or something happens, it becomes the responsibility of the hospital. The existence of ownership status over the contents of the medical record means that in other words the patient entrusts his personal property, in the form of personal and health information stored in the electronic medical record file, to the Health Service Facility and to health workers who have the authority to access it. This aims to protect the privacy of personal data and regulate the privacy of personal data in electronic medical records (Mahastoro, R H & Sudarwanto, S A., 2019).

2. Hospital Efforts in Using Electronic Medical Records based on PMK No. 24/2022 concerning Electronic Medical Records

Basically, Electronic Medical Records is the use of information technology devices for collecting, storing, processing and accessing data stored in patient medical records in hospitals in a database management system that collects various sources of medical data. The transition of patient medical records to electronic-based since the issuance of the Minister of Health Regulation (PMK) Number 24 of 2022 concerning Medical Records which is a regulatory framework supporting the implementation of health technology transformation which is part of the 6th pillar of health transformation.

The new authorities and policies in Medical Records according to the Minister of Health Regulation (PMK) Number 24 of 2022 concerning Medical Records will be explained and summarized below (Nurul Aini Habibah, 2023):

- a. Health Facilities Must Implement EMR
 - Health Facilities Must Implement EMR (Article 3)
 - Including telemedicine services by health facilities (Article 4)
 - EMR must be implemented no later than December 31, 2023
- b. EMR in health facilities must be integrated with the Ministry of Health
- c. Data and system standards refer to those set by the Ministry of Health
- d. Data processing in the context of implementing health policies
- e. Patients and Referral Health Facilities obtain Medical Record data

Based on the results of an interview study with the Head of Medical Records and the Head of Information and Technology (IT) on December 12, 2023 at 13.00 at Hospital. X stated that Hospital. X stated that Hospital. X has begun the transition from conventional medical records to electronic medical records since 2022 since the enactment of PMK Number 24 of 2022 concerning Medical Records, but the electronic summary of discharged patients began to be tested in December 2018, effectively implemented in all inpatients in January 2019 and until now is still trying to optimize the electronic medical record system in accordance with these regulations. In its implementation, Hospital. X has optimized the technological transformation that integrates the electronic medical record system with the SATU SEHAT Platform in Health Services and Hospital Accreditation Improvement in accordance with the Circular Letter of the Ministry of Health No: HK.02.01/Menkes/1030/2023 concerning the Implementation of Electronic Medical Records in Health Facilities and the Implementation of Administrative Sanctions in the Framework of Guidance and Supervision on December 13, 2023. Based on the results of the circular, Hospital X has been registered in the SATU SEHAT Portal or has the status of having RME in DFO (Data Fasyankes Online), has been integrated and connected in the SATU SEHAT platform. The regulatory process for the implementation of electronic medical records at Hospital X is in accordance with the cluster sequence based on the SATU SEHAT platform integration module.

Each Health Service Facility is free to choose an electronic system for electronic medical records, starting from those developed by the Ministry of Health, the health service facility itself, or electronic system organizers through cooperation. .

Every authorized health worker is required to make medical records, immediately after the patient receives services. Making medical records is carried out by recording and documenting the results of examinations, treatments, services and other actions that have been given to the patient. Health workers are responsible for the records / documents they make. Facilities for organizing medical records are provided by health service facilities.

Medical records are the most important thing in the health sector because the existence of medical records certainly facilitates all health service units, especially as legally valid evidence. In terms of law, medical records are one of the evidence that can be used in handling legal cases. Every health worker is required to make a record and the record must be kept confidential by all parties in the health service unit. The existence of patient medical records is the responsibility of all parties in the Hospital.

However, in fact, there is still a gap in third parties (private health insurance) who still request patient health history data for claim submissions from the family because during the treatment process the patient died.

Problems related to information in medical records when medical record documents are needed for the benefit of the patient, including as references and insurance financing. The legal theory of personal data protection is a regulation concerning the right to privacy over personal data which is a manifestation of recognition and protection of the basic rights of patients.

This Law is rooted in the 1945 Constitution of the Republic of Indonesia Article 29G that personal data protection is one of the human rights which is part of personal self-protection, so it is necessary to provide a legal basis to provide security for personal data.

The policy that has been made refers to the Regulation of the Minister of Health of the Republic of Indonesia No. 24 of 2022 concerning Medical Records. This shows that the Hospital has made efforts to comply with the rules set by the state that the implementation of an activity must be ensured to have a policy regarding leadership, guidance, clear and comprehensive enforcement from the government or state. The policy in the form of Standard Operating Procedures (SOP) for Borrowing Electronic Medical Records has also been adjusted as in the Regulation of the Minister of Health of the Republic of Indonesia No. 24 of 2022 concerning Medical Records Article 7 paragraph 2 which states that health facilities are required to implement electronic medical records based on electronic medical record guidelines by adjusting the resources and needs of each facility. The existence of the Standard Operating Procedure (SOP) is one manifestation of the work culture of an organization with good leaders.

The policy that has been set also contains access control in the form of a Log In procedure using a username and password. In addition, the access control policy is also supported by the implementation of a validation process. The policy states that the policy must support the organization's ability to maintain data confidentiality, ensure data integrity, and ensure authorized users have reliable data access. The implementation of access rights for 1x24 hours is one of the security efforts that have been adjusted to the International Standard Organization (ISO) 27001 concerning information system security that information system security can be carried out by limiting access to information according to an agreement or contract. If the specified time limit of 1x24 hours has been reached, access rights will be automatically locked so that researchers cannot access patient information again.

Granting access rights to release electronic medical record information can be done in addition to being able to complete data and research interests, but is also intended for legal evidence, medical audits, and financing of patient care or insurance in the loading process with a long response time.

The response in the system must provide fast response time, fast in processing, fast in searching, fast in terms of input, process and output. Electronic Medical Records can speed up officers in searching for data or in processing data, if the system response is slow in processing data input to accessing data results (output), it will have an impact on system performance.

In terms of convenience, the Electronic Medical Record system is not yet fully efficient, based on the results obtained that the Electronic Medical Record system is not yet fully optimal. The system that has been implemented must run optimally by facilitating users in its use (Hanif A., 2019). However, in reality, there are still many patients as users and recipients who are still unable to easily access their data in Electronic Medical Records (Alviolita, F., &Yunus, M., 2021).

This is due to regulations in local health care facilities, in addition to the Electronic Medical Record system that still needs a lot of improvement and other factors such as Human Resources (HR) that are not yet qualified to adapt to the era of digital reform, most of whose performance is data-based. Some additional reasons why Electronic Medical Records still need to be optimized are:

- a. Many parties suspect that electronic medical records do not have a clear legal umbrella, especially regarding guarantees that stored data is protected against elements of privacy, confidentiality and general information security in terms of legality. For this reason, clear regulations and legality are needed, but the creation of regulations itself cannot match the speed of advances in information technology. However, there are still many hospitals that always store printed medical records and must be signed by a doctor as a printout of the patient's Electronic Medical Record.
- b. The next challenge is the classic reason such as the availability of funds. The financial aspect is an important issue because hospitals must prepare Information Technology infrastructure (computers, wired and wireless networks, electricity, security systems,

consultants, training and others). done manually. Based on the statement of the Head of Information and Technology (IT) on December 13, 2023 at 13.30 at Hospital. X stated that the Hospital's policy on the implementation of Electronic Medical Records refers to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, including:

1. Regulation of the Director of Hospital Number 118 of 2022 concerning Guidelines for Organizing Medical Records in Hospitals, related to the policy of organizing medical records in Hospitals.
2. Standard Operating Procedure (SOP) for Electronic Medical Records stipulated by the Director of the Hospital.
3. General approval for inpatients signed by the patient's family.
4. Availability of banners of patient rights and obligations available in each treatment room.
5. Preparation of Human Resources for inputting electronic medical record data by conducting in-House Training related to the preparation of basic knowledge, introduction and implementation of the system and procurement of post-implementation evaluation of electronic medical records
6. Preparation of supporting tools for Electronic Medical Records which include maintenance of computer maintenance infrastructure, printers, networks and supporting software applications for the protection of electronic medical record data.
7. The Hospital has used the Platform from the Ministry of Health which is integrated with "Satu Sehat"

In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 1333/Menkes/SK/XII/1999 concerning Hospital Service Standards, Medical Record Service Standards and Health Information Management are stipulated as follows:

- a) Hospitals must organize health information management based on reliable and professional medical records.
- b) The existence of a medical record committee and health information management that is responsible to the hospital leadership. Medical records must be filled in clearly, correctly, completely and on time by authorized officers. in accordance with written guidelines, on time is the completion or filling of medical records according to the time limit set in Permenkes No. 129 of 2008 there are written guidelines that 2x24 hours medical record documents must return from the room to the medical records with 100% completeness. Filling in medical record documents is an activity of recording and recording patient data, social data, examinations, treatments or actions given by the health profession to patients. Recording medical records must be made as complete as possible by doctors or authorized health workers to see the development records of the patient's medical history from beginning to end continuously. The activity of filling in medical records is carried out after the patient receives medical services. Medical records must be made immediately and completely completed by doctors, nurses, midwives and medical personnel. Every consultation action carried out on patients, no later than the medical record is filled in within 1x24 hours. All records must be signed by a doctor or other health worker and written clearly and dated. With the policy of the Hospital, in an effort to maintain the security of electronic medical records, the Hospital has carried out several strategic designs such as:
 1. Using a strong password to avoid data leakage, in the use of electronic medical record systems, avoid using passwords. In addition, make sure not to stick or write account confidentiality data carelessly, either on the admin desk or on the information board.

2. Encrypting data, the data encryption method is one of the most effective ways to protect Patient Electronic Medical Record data. Data encryption is a method of changing the form of data into a number of codes that are difficult to translate, so that the data cannot be read by any party.

Avoid Sharing for accounts because it will cause confusion in tracking who is doing certain actions that are not in accordance with the Electronic Medical Record usage policy. This is one of the best ways to maintain the security of electronic medical records by always updating the application system in accordance with applicable regulations and provisions.

- c) Monitoring the application system can save log reports to provide details about officers who access patient data, data accessed and access time.
- d) Creating a policy for the use of devices used to access Electronic Medical Records by routinely scanning the device to prevent viruses that can cause data loss or leakage of patient medical record data.

Several forms of efforts made by the Hospital are in line with the legal basis that discusses the protection of personal data in electronic systems. Protection of personal data is one of the human rights that is part of personal self-protection. Based on Article 3 of the Regulation of the Minister of Communication and Information Number 20 of 2016 concerning the protection of personal data in electronic systems, it states that: "Protection of Personal Data in Electronic Systems is carried out in the process:

- a. Acquisition and collection;
- b. Processing and analysis;
- c. Storage;
- d. Display, announcement, delivery, dissemination, and/or opening of access; and
- e. Destruction.

Health Facilities are required to respond to this request within a reasonable time in accordance with the law.

- a. Reporting Personal Data Breaches.

The Personal Data Protection Law requires Healthcare Facilities to report incidents of personal data breaches to the relevant authorities and to affected patients. They must have clear procedures in place to address incidents of personal data breaches. This includes identifying the breach, notifying affected parties, and taking corrective action to prevent similar incidents in the future.

- b. Sanctions and Consequences

No less important is understanding the sanctions and consequences stipulated in the Personal Data Protection Law for personal data breaches. Healthcare Facilities that do not comply with this law may be subject to administrative and civil sanctions, including significant fines. Therefore, complying with these regulations is not only an ethical imperative, but also key to avoiding adverse legal consequences

Healthcare Facilities have a primary obligation to protect patients' personal data in accordance with the provisions stipulated in the Personal Data Protection Law. This includes the use of data encryption, restricting access to medical records to authorized personnel only, and reporting incidents of personal data breaches if they occur.

- c. Patient Consent

One of the important points emphasized by the Personal Data Protection Law No. 27 of 2022 is the importance of patient consent before the collection, use, or disclosure of personal data. This provides a strong legal basis for the collection and use of patient data, and gives patients control over their personal data. In addition, patients also have the right to withdraw their consent at any time.

d. Secure Data Storage

Health facilities must also ensure that patient personal data is stored securely and provides protection from cyber threats. Health facilities must have a strong understanding of personal data in the health sector including highly sensitive information about patients, such as medical history, laboratory test results, health conditions, and personal identification data. The security of this data is critical because it can be used to identify individuals, and if it falls into the wrong hands, it can have serious consequences. Therefore, protecting patient personal data is key to maintaining privacy, security, and trust in health services.

IV. CONCLUSION

The legal basis and legality that regulates the implementation of electronic medical records to protect patient rights is one form of effort that can be made to improve the welfare of society as a whole. Hospitals can credibly provide quality health services by filling in medical record data accurately and ensuring the security, confidentiality of data and personal health information of patients in obtaining health services at the Hospital

Hospital efforts in terms of using electronic medical records are the latest technology in storing patient data electronically. The new paradigm in the health management system is an integrated system in storing data at the Hospital. The Hospital makes efforts to protect patient rights by protecting their personal data when receiving health services at the Hospital in accordance with the provisions of the Regulation of the Director of Hospital "X" Number 118 of 2022 concerning Guidelines for organizing medical records in an effort to improve the quality of the Hospital by increasing data security in Electronic Medical Records in accordance with the Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records.

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