Medical records are technically the property of the doctor, clinic, or hospital that creates them. The federal government’s Privacy Rule requires health care providers to give patients copies of their records “at a reasonable cost”, but the definition of “reasonable” varies widely. Some states regulate what providers can charge for copying, others don’t.

Electronic records are faster and cheaper to transfer.

30 percent of policyholders switch insurers every year. Even staying in a network, does not guarantee that your physician or physician group will remain a member of that network.

State laws vary regarding how long a doctor must keep patient’s medical record, some states require a minimum of 7 – 10 years.

According to HIPAA, you have the right to review and receive a copy of your medical records. Your doctor must provide you with a copy of your medical records upon request within 30 days.

Many electronic health record systems are not compatible for sharing information.

For patients, of course, higher levels of turnover among plans and physicians mean greater disruption of continuity of care, a phenomenon widely invoked but little analyzed.

It's a logistical nuisance for patients to have to fill out new forms and retell their histories each time they change doctors, and the possibility of errors or important omissions grows with each switch.

Maryland family physician Kellogg thinks it may be time to borrow a technique from the military. Military patients, she notes, are responsible for carrying their medical charts with them from one location to another when they move, so the treating doctor has access to a large file. "Likewise, if I know Medicare patients are going to Florida for three months," says Kellogg, "I give them copies of important tests such as EKGs to carry with them and to have access to, just in case. I don't know if it's the best mechanism. We need to come to a technological solution for tracking patients' medical information, but computerized tracking raises the confidentiality issue." (To explore that thorny topic further, turn to "Protect Yourself By Protecting the Privacy of Your Patients" on page 47.)

Kellogg says that when she sees a new patient and looks through the transferred records, she has to plow through an exhaustive medical chart to try to find out what is important. "These unedited documents contain a lot of trivia," she says. When her patients move, she sends a copy of the chart, always thinking it would be nice to do a summary but never having the time to follow through.

<https://www.consumerreports.org/cro/2012/04/what-doctors-wish-their-patients-knew/index.htm>

Getting the best care from your doctor requires navigating a complex relationship within the 20 or so minutes allotted for the typical office visit.

Slowly but surely, primary-care doctors are switching over to electronic medical records. Thirty-seven percent told us they keep their records electronically only, compared with just 24 percent who did so in 2007, during our last survey.

But they want you to know that it still pays to keep track of your medical history yourself. Eighty-nine percent said that keeping an informal log of treatments, drugs, changes in condition, notes from previous doctor visits, and tests and procedures could be helpful. But only 33 percent of patients routinely did so. Likewise, 80 percent of doctors thought taking a friend or relative to your office visit could be beneficial, but only 28 percent of patients reported doing so.

**Personal health records.** Google has introduced a tool that allows you to store and manage your health records online, and share them with any provider you choose. [Microsoft's Health Vault](http://www.microsoft.com/en-us/healthvault) can also download results from certain medical devices, like [blood-pressure](http://consumerreports.org/health/healthy-living/home-medical-supplies/blood-pressure-monitors/blood-pressure-monitor/overview/blood-pressure-monitor-ov.htm) and [glucose monitors](http://consumerreports.org/health/healthy-living/home-medical-supplies/blood-glucose-meters/blood-glucose-meter/overview/blood-glucose-meter-ov.htm), to track your vital signs. While those and similar tools from other companies are potentially very useful, they don't yet adequately integrate information from doctor's medical records and translate them into personalized and in-depth action plans, according to a commentary in the Jan. 19, 2011, issue of the Journal of the American Medical Association. And while security is getting better, there are still some concerns about medical information stored online or sent via the Web.  
  
Our consultants say that while online personal health records still have a long way to go, they might help you keep your medical information organized. They might be worth considering if you're technologically savvy and are not overly concerned about online privacy.

https://www.policygenius.com/blog/getting-a-new-doctor-tips/

And be careful: your doctor’s network changes all the time, either because the insurer drops them or they drop the insurer. Don’t be surprised if, down the line, you have to make another change for this reason.

But before you say goodbye to your old doctor forever, the most important thing to do is [make sure you get your medical records.](https://www.verywell.com/how-to-change-doctors-2615474) They’ll be useful in catching your new doctor up with all of the goings-on with your health. This includes medical history, prescriptions, tests, and so on.

<https://pacient.care/decks/doctors-hospitals-other-providers/find-doctor-today/transferring-medical-records-new-provider>

When you switch doctors, it takes time for you and your new provider to get to know each other. To help this transition, it’s a good idea to transfer your medical records. Making sure she has access to previous doctor’s notes, procedures, lab results, and prescriptions can help minimize repeated lab tests, insurance claims, and medical expenses.

In addition, state laws vary regarding how long a doctor must keep patients’ medical records. Some states require a minimum of seven or 10 years, and others don’t specify a required time frame.1 Because there’s no guarantee how long your records will be kept, it’s important not only to provide your new doctor with a copy, but also to retain a copy for yourself.

**Your legal right to our medical records**

According to the Health Insurance Portability and Accountability Act (HIPAA), you have the right to review and receive a copy of your medical records. Your doctor must provide you with a copy of your medical records upon request (except for psychotherapy notes or if she believes it could endanger you or someone else), and you can’t be denied even if you owe payment for services you’ve received.

**Requesting your medical records**

Most providers require written authorization to release your medical records, usually by filling out a release form. Your new doctor may even provide you a request form to send along to your former doctor’s office. They can also charge you a fee for the cost of copying and mailing your records. If you don’t want a paper copy, you can request your record in a different format as long as it’s readily producible in that format.2

Even if both doctors use electronic health record systems, their systems may not be compatible for sharing information. In that case, you could request your record in an alternative electronic format, such as a USB thumb drive or CD. If the provider is unable to readily produce your records in the format you’ve requested, you’ll be provided with a hard copy or an alternative format agreed upon between you and the provider.

It’s worth noting, if your provider stores your record in an electronic form but you request a hard copy, they are required to provide it in hard copy format.3

<http://www.post-gazette.com/business/businessnews/2012/09/26/Patients-may-suffer-as-doctors-switch-practices-health-systems/stories/201209260159>

A few weeks ago, a staff member at Pittsburgh Medical Associates in Banksville phoned Rose Marie Angelo to tell her an appointment with her longtime family physician had been cancelled.

"They proceeded to tell me he was no longer with Pittsburgh Medical Associates," she recalled recently. "I said, 'Where is he?'

'We don't know.'

'What do you mean you don't know?'"

The office offered to schedule her to see another physician there, but Ms. Angelo would have none of that.

<https://www.npr.org/sections/health-shots/2014/08/14/340351393/when-patients-read-what-their-doctors-write>

In fact, before the [Health Insurance Portability and Accountability Act](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/medicalrecords.html), a federal law enacted in 1996, patients generally had to sue to see their records. HIPAA, as that mouthful is abbreviated, affirmed that patients have a right to their medical information. But the process for obtaining records was often so cumbersome that few patients tried to access them.

Since I started sharing notes with my patients, they have made dozens of valuable corrections and changes, such as adding medication allergies and telling me when a previous medical problem has been resolved. We come up with treatment plans together. And when patients leave, they receive a copy of my detailed instructions. The medical record becomes a collaborative tool *for* patients, not just a record of what we doctors do *to* patients.

<http://www.newsweek.com/why-your-doctor-has-no-time-see-you-63949>

Anyone who is old enough to have watched [*Marcus Welby, M.D.*](http://www.museum.tv/eotvsection.php?entrycode=marcuswelby), the program about an avuncular doctor that was the most popular show on television in the 1960s, probably remembers his or her own family doctor with at least a measure of fondness. Back then, our doctors knew us and our ailments. They knew when our kids were born, how we felt about our jobs and our spouses, and whether or not we tended toward stoicism or malingering in the face of illness and pain. Today you’re lucky if your doctor knows the correct pronunciation of your name, much less your medical history.

At least part of the blame began with the managed-care revolution of the 1980s and ’90s, an initially well-meaning effort intended to improve the quality of medicine and control costs, but which ended up fracturing the doctor-patient bond. Many insurers focused more on cost at the expense of quality. They negotiated lower and lower fees for doctors, who slashed the time spent with patients to fit more of them into a day. Despite the accelerated schedule, this has meant a decline in income for most physicians over the last decades, with primary-care doctors hit hardest. A 2006 report found that inflation-adjusted incomes for all doctors decreased by 7 percent from 1995 to 2003, and by 10 percent for primary-care physicians.

At the same time, many insurers clamped down on access to certain services. This put doctors in the position of telling patients that their insurer would not approve payment for the care they felt they needed, straining the relationship between insurers, doctors, and their patients. Insurers also created restricted networks of physicians—a system that often forced patients to find a new primary-care doctor every time their employer switched insurance carriers.

If you wanted to undermine trust, you couldn’t have done it better with patients changing both insurance plans and their primary-care doctor all the time,” says Richard Kravitz, a primary-care physician and co–vice chair of research in the department of internal medicine at the University of California, Davis.

<http://www.healthcarefinancenews.com/news/baby-boomers-switch-doctors-rate-35-percent-over-past-two-years>

June 20,2017

# **Baby Boomers switch doctors at rate of 35 percent over past two years**

Twenty percent of boomer patients are somewhat likely to change physicians in the next few years, following findings that 35 percent have already switched in the last two years, according to results of a new Solutionreach survey.

<https://www.dallasnews.com/news/news/2014/05/13/patients-losing-doctors-under-affordable-care-act-plans>

Further complicating matters, the trade group says doctors and health plans often renegotiate throughout the year. This means a doctor listed in a network at the time of enrollment may not be there a few months later.

<https://www.fastcompany.com/3042699/many-patients-would-like-to-hide-some-of-their-medical-histories-from-their-doctors>

Doctors and nurses usually want to know a lot about a patient’s medical history to treat them effectively. But does, say, your podiatrist really need to know about the abortion you had 10 years ago?

who also heads the [Regenstrief Institute](http://www.regenstrief.org/aboutus/program-leadership/) at Indiana University, recently led the first study that attempted to see what this looks like in the real world. Engineers spent more than two years building custom software that an inner-city clinic in Indianapolis used for six months. Unlike the commercial health record systems available today, the system allowed patients to hide some of their health data–say their reproductive health history, or their use of antidepressants–or hide their data from certain kinds of doctors, like a podiatrist.

Every single patient, even those who wanted doctors to see all their data, said they wanted to be asked.

On the other hand, there is a medical case for allowing more patient control over records. Many people simply hide sensitive information from their doctors as it is today, and so giving patients more control could increase how much information they feel comfortable sharing–and improve their care in the process.

[Software vendors], they don’t want to have to deal with this right now,” says Tierney. “Some of the health systems are actually interested in it. They know that their patients want this. And they figure if they had this capability, they’d at least want to discuss it as an option.”

<http://www.physiciansfoundation.org/uploads/default/Physicians_Foundation_2012_Biennial_Survey.pdf>

Over half of physicians surveyed have reached a tipping point and plan to make changes to their practices. Many intend to take one or more steps likely to reduce patient access to their services, limiting physician availability at a time when doctors already are in short supply.

Responses to the survey combined with some 8,000 written comments submitted by physicians reflect a high level of disillusionment among doctors regarding the medical practice environment and the current state of the healthcare system. How physicians will respond to ongoing changes now transforming healthcare delivery varies. Many physicians plan to continue practicing the way they are, but over half of physicians surveyed have reached a tipping point and plan to make changes to their practices. Many intend to take one or more steps likely to reduce patient access to their services, limiting physician availability at a time when doctors already are in short supply.

Key findings of the survey include: Over three quarters of physicians – 77.4 percent – are somewhat pessimistic or very pessimistic about the future of the medical profession. Over 84 percent of physicians agree that the medical profession is in decline. The majority of physicians – 57.9 percent -- would not recommend medicine as a career to their children or other young people. Over one third of physicians would not choose medicine if they had their careers to do over. Physicians are working 5.9% fewer hours than they did in 2008, resulting in a loss of 44,250 full-timeequivalents (FTEs) from the physician workforce.

Over 52 percent of physicians have limited the access Medicare patients have to their practices or are planning to do so. Over 26 percent of physicians have closed their practices to Medicaid patients. In the next one to three years, over 50 percent of physicians plan to cut back on patients, work part-time, switch to concierge medicine, retire or take other steps that would reduce patient access to their services.

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