Documented Deviations or Assumptions from the Original Specs

1) Data access to Doctors would be granted by a patient searching for a doctor and granting them permission to view their records

2) We decided that only patients would be able to give access to a doctor request and NOT vice versa.

  ➢ This is because it does not make proper sense for a patient to send a doctor "request for the doctor" to view the patient's data

  ➢ This gives patients control of their own privacy as to who is viewing their data

3) Once a doctor is given access, that doctor's single admin would also get access to edit the patient's records

4) We also agreed that you can think of a doctor's independent practice as basically the same thing as a "Hospital" which we refer as "Medical Facility" in our architecture.

  ➢ Each doctor has their own medical facility, which contains multiple admins (Hospital Reps) who will preform the administrative tasks for a set of doctors

  ➢ Therefore, we also changed "Hospital Rep" to the more general term "Admin"

 5) As per the original specs "Hospital Rep" implies that they only work at hospitals, which is not the case in our interpretation. The "Admin" replaces the "Hospital Rep"and can work at one medical facility at a time.

6) The Entity Relationship assumptions:

  ➢ The Doctor/Patient relationship is many to many. One patient can see many doctor and a doctor can see many patines.

  ➢ The Admin/Doctor relationship is one to many respectively. One "Admin" can support many doctor but a doctor can be supported by one "Admin"

  ➢ The Medical Facility/Admin relationship is one to many respectively. One "Admin" can work at one Medical Facility at a time and a Medical Facility can have many "Admin"

7) Added the functionality to REMOVE doctor's access to patient's record by the patient limiting data sharing in case the patient switches doctors or has completed treatment