

American Health Information Management Association Code of Ethics

Preamble

The ethical obligations of the health information management (HIM) professional include the protection of patient privacy and confidential information; disclosure of information; development, use, and maintenance of health information systems and health records; and the quality of information. Both handwritten and computerized medical records contain many sacred stories—stories that must be protected on behalf of the individual and the aggregate community of persons served in the healthcare system. Healthcare consumers are increasingly concerned about the loss of privacy and the inability to control the dissemination of their protected information. Core health information issues include what information should be collected; how the information should be handled, who should have access to the information, and under what conditions the information should be disclosed.

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. Sensitive information (genetic, adoption, drug, alcohol, sexual, and behavioral information) requires special attention to prevent misuse. Entrepreneurial roles require expertise in the protection of the information in the world of business and interactions with consumers.

Professional Values

The mission of the HIM profession is based on core professional values developed since the inception of the Association in 1928. These values and the inherent ethical responsibilities for AHIMA members and credentialed HIM professionals include providing service, protecting medical, social, and financial information, promoting confidentiality; and preserving and securing health information. Values to the healthcare team include promoting the quality and advancement of healthcare, demonstrating HIM expertise and skills, and promoting interdisciplinary cooperation and collaboration. Professional values in relationship to the employer include protecting committee deliberations and complying with laws, regulations, and policies. Professional values related to the public include advocating change, refusing to participate or conceal unethical practices, and reporting violations of practice standards to the proper authorities. Professional values to individual and professional associations include obligations to be honest, bringing honor to self, peers and profession, committing to continuing education and lifelong learning, performing Association duties honorably, strengthening professional membership, representing the profession to the public, and promoting and participating in research.

These professional values will require a complex process of balancing the many conflicts that can result from competing interests and obligations of those who seek access to health information and require an understanding of ethical decision-making.

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. The code is relevant to all AHIMA members and credentialed HIM professionals and students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The AHIMA Code of Ethics serves six purposes:

- Identifies core values on which the HIM mission is based.
- Summarizes broad ethical principles that reflect the profession's core values and establishes a set of ethical principles to be used to guide decision-making and actions.

- Helps HIM professionals identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
- Provides ethical principles by which the general public can hold the HIM professional accountable.
- Socializes practitioners new to the field to HIM's mission, values, and ethical principles.
- Articulates a set of guidelines that the HIM professional can use to assess whether they have engaged in unethical conduct.

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 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. For example, not everyone participates in the recruitment or mentoring of students. A HIM professional is not being unethical if this is not part of his or her professional activities; however, if students are part of one's professional responsibilities, there is an ethical obligation to follow the guidelines stated in the code. 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 "protect all confidential information to include personal, health, financial, genetic and outcome information" can also be interpreted as "shall not fail to protect all confidential 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 professionals aspire and by which their 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 their personal lives.

The AHIMA Code of Ethics is to be used by AHIMA and individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, agency boards of directors, 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 2004

Ethical Principles: The following ethical principles are based on the core values of the American Health Information Management Association and apply to all health information management professionals.

Health information management professionals:

- I. Advocate, uphold and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.***
- II. Put service and the health and welfare of persons before self-interest and conduct themselves in the practice of the profession so as to bring honor to themselves, their peers, and to the health information management profession.***
- III. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard the contents of the records and other information of a confidential nature, taking into account the applicable statutes and regulations.***
- IV. Refuse to participate in or conceal unethical practices or procedures.***
- V. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.***
- VI. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.***
- VII. Represent the profession accurately 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.***
- IX. State truthfully and accurately their credentials, professional education, and experiences.***
- X. Facilitate interdisciplinary collaboration in situations supporting health information practice.***
- XI. Respect the inherent dignity and worth of every person.***

How to Interpret the Code of Ethics

The following ethical principles are based on the core values of the American Health Information Management Association and apply to all health information management professionals. 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 to be meant as 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.

Health information management professionals **shall**:

- 1.1. Protect all confidential information to include 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 system. Advocate for changes in policy and legislation to ensure protection of privacy and confidentiality, coding compliance, and other issues that surface as advocacy issues as well as facilitating informed participation by the public on these issues.
- 1.3. 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 consent from a patient or a person legally authorized to consent on behalf of a patient or as authorized by federal or state regulations. The need-to-know criterion is essential when releasing health information for initial disclosure and all redisclosure activities.
- 1.4. 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.

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

Health information management professionals **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, or in providing services requiring potentially conflicting roles (for example, finding out information about one facility that would help a competitor). The conflicting roles or responsibilities must be clarified and appropriate action must be 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.

Health information management professionals **shall not**:

- 2.6. Permit their private conduct to interfere with their ability to fulfill their professional responsibilities.
- 2.7. Take unfair advantage of any professional relationship or exploit others to further their 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 the contents of the records and other information of a confidential nature obtained in the official capacity, taking into account the applicable statutes and regulations.*

Health information management professionals **shall**:

- 3.1. Protect the confidentiality of patients' written and electronic records and other sensitive information. Take reasonable steps to ensure that patients' records are stored in a secure location and that patients' records are not available to others who are not authorized to have access.
- 3.2. Take precautions to ensure and maintain the confidentiality of information transmitted, transferred, or disposed of in the event of a termination, incapacitation, or death of a healthcare provider to other parties through the use of any media. Disclosure of identifying information should be avoided whenever possible.
- 3.3. Inform recipients of the limitations and risks associated with providing services via electronic media (such as computer, telephone, fax, radio, and television).

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

Health information management professionals **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.
- 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 their concerns with the colleague when feasible and when such discussion is likely to be productive. Take action through appropriate formal channels, such as contacting an accreditation or regulatory body and/ or the AHIMA Professional Ethics Committee.
- 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.

Health information management professionals **shall not**:

- 4.6. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-inclusive list of examples includes:
- Allowing patterns of retrospective documentation to avoid suspension or increase reimbursement
 - Assigning codes without physician documentation
 - Coding when documentation does not justify the 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
 - Hiding incomplete medical records
 - Allowing inappropriate access to genetic, adoption, or behavioral health information
 - Misusing sensitive information about a competitor
 - Violating the privacy of individuals

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

Health information management professionals **shall**:

- 5.1. Develop and enhance continually their professional expertise, knowledge, and skills (including appropriate education, research, training, consultation, and supervision). Contribute to the knowledge base of health information management and share with colleagues their 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, presentations in the community, and participation in their professional organizations.
- 5.4. Engage in evaluation or research that ensures the anonymity or confidentiality of participants and of the data obtained from them by following guidelines developed for the participants in consultation with appropriate institutional review boards. Report evaluation and research findings accurately and take steps to correct any errors later found in published data using standard publication methods.
- 5.5. 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.

Health information management professionals **shall not**:

- 5.6. Design or conduct evaluation or research that is in conflict with applicable federal or state laws.
- 5.7. Participate in, condone, or be associated with fraud or abuse.

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

Health information management professionals **shall**:

- 6.1. Evaluate students' performance in a manner that is fair and respectful when functioning as educators or clinical internship supervisors.
- 6.2. Be responsible for setting clear, appropriate, and culturally sensitive boundaries for students.
- 6.3. Be a mentor for students, peers and new health information management professionals to develop and strengthen skills.
- 6.4. Provide directed practice opportunities for students.

Health information management professionals **shall not**:

- 6.5. Engage in any relationship with students in which there is a risk of exploitation or potential harm to the student.

VII. *Accurately represent the profession to the public.*

Health information management professionals **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.*

Health information management professionals **shall**:

- 8.1. Perform responsibly all duties as assigned by the professional association.
- 8.2. Resign from an Association position if unable to perform the assigned responsibilities with competence.
- 8.3. Speak on behalf of professional health information management organizations, accurately representing the official and authorized positions of the organizations.

IX. State truthfully and accurately their credentials, professional education, and experiences.

Health information management professionals **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 organization, or the health information management professional's employer.
- 9.2. Claim and ensure that their representations to patients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, training, certification, consultation received, supervised experience, other relevant professional experience are accurate.
- 9.3. Claim only those relevant professional credentials actually possessed and correct any inaccuracies occurring regarding credentials.

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

Health information management professionals **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. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

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

Health information management professionals **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.

Acknowledgement

Adapted with permission from the Code of Ethics of the National Association of Social Workers.

Resources

National Association of Social Workers. "Code of Ethics." 1999. Available at <http://www.naswdc.org>.

Harman, L.B. (Ed.). Ethical challenges in the management of health information. Gaithersburg, MD: Aspen, 2001.

AHIMA Code of Ethics, 1957, 1977, 1988, and 1998.

Revised & adopted by AHIMA House of Delegates – July 1, 2004

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Code of Ethics Presentation Resources

2004 Code of Ethics - Body of Knowledge and the 2004 November/December *Journal of AHIMA*
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_024277.hcsp

Articles on Ethics (*viewable to members only through the FORE Library: HIM Body of Knowledge*)

- American Health Information Management Association. "Standards of Ethical Coding." *Journal of AHIMA* 71, no.3 (2000): insert after p.8.
- American Health Information Management Association. "Statement on Health Information Management (HIM) as a Multi-National Profession" (AHIMA, 2008).
- Bronnert, June. "Coding Ethically." *Journal of AHIMA* 76, no.9 (2005): 108,110,112.
- Byrd, Katherine. "Conduct Is Their Business," *Journal of AHIMA* 72, no.3 (2001): 45.
- "Committee Outlines History, Future of AHIMA's Code of Ethics." *AHIMA Advantage* 11:4 (June 2007), 12.
- Harman, Laurinda B., and Virginia L. Mullen. "Emerging HIM Identity Ethical Issues" AHIMA's 79th National Convention and Exhibit Proceedings, October 2007.
- Harman, Laurinda B., and Virginia L. Mullen. "Ethics at Work: a Case Study." AHIMA's 77th National Convention and Exhibit Proceedings, October 2005.
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- Harman, Laurinda B., and Virginia L. Mullen. "Health Information Management in the Global Community: Ethical Issues." *AHIMA Convention Proceedings, October 2004*.
- Harman, Laurinda. "HIM and Ethical Decision Making: Complex Challenges." *AHIMA Convention Proceedings, October 2001*.
- Yokubaitis, Pamela R. "Are Ethics Guiding Your Workplace?" *Journal of AHIMA* 74, no.8 (2003): 66-68.

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Case Studies

Ethics Scenario I

A new hospital opens in your local community and recruits for a HIM director, requiring that the person have an RHIA. An HIM professional in the community applies for the director's position in the HIM Department and is hired. Shortly after starting her job, she is the hostess to the Regional Health Information Management Association meeting that is held monthly in the various hospitals in the community. At the meeting the new director is introduced as an RHIA. Several of the local members know that she has the RHIT credential, not the RHIA credential. What is the appropriate action to take, if any?

Ethics Scenario II

An HIM graduate with two years experience is employed by a large academic healthcare center and is placed in a management position over the Analysis and Chart Completion area. In using the reports generated by the IS Department to calculate the chart delinquency rate, she determines that there are some "incomplete charts" over 30 days old. The charts are in a pending file and are not being counted in the total number of delinquent records. If these records were counted, the delinquency rate would be above the required standard by Joint Commission on Accreditation of Healthcare Organizations. What should she do?

Ethics Scenario III

A community hospital is implementing an application that will allow the physicians to sign their dictated reports electronically. There is one physician in a group practice who does not want to sign his individual reports. His group is willing to take turns each month signing all the reports dictated for the month. The name of the physician who saw the patient and dictated the report will be printed at the end of the report. The phrase "Electronically Signed By" will also be printed at the end of the report. The HIM Director is concerned that the phrase "Electronically Signed By" under the physician's name implies that the physician actually signed the reports. In addition, the IS Department has requested approval of the practice of a designated physician signing the reports for the group practice each month. The HIM Director thinks that the electronic signature stamp should include the physician's name who actually signs the report, with the date and time stamp. What action should the HIM Director take?

Ethics Scenario IV

The BS degree program director in Health Information Administration has contacted several hospitals seeking directed practice sites for students. One Department Director that was contacted refused to accept a student because the hospital went live with an electronic record in the previous year and has a very tight budget that does not give any additional training time for students. The program director is still looking for a possible clinical site for the student. Is the director of the HIM Department in violation of the Code of Ethics?

Ethics Scenario V

The Joint Commission requires less than 50 percent of average monthly discharges to be the threshold for number of delinquent records. With the implementation of document management, some systems offer two ways to count delinquent records. One is the Joint Commission clock, which begins the day of discharge. The second way is the hospital clock, which begins the day it is available to the physicians.

There is one hospital that knowingly uses the hospital clock, because they are three to four months behind in their scanning. So, all records would be delinquent if they counted according to the Joint Commission.

Ethics Scenario VI

The hospital AHRQ showed a high rate on OB c-sections complications so the OB department selected records to review the coding that made these rates high. Some of the codes used were believed to be coding errors. All the *Coding Clinic* documents that applied were pulled and shown to the committee. Explanations were given for coding the complications, but it was pointed out that the *Coding Clinic* said "query the physician" and in this case the physician is saying there is no complication. The director of the HIM Department is meeting with the Compliance Officer, a former surgeon, to review the cases and the *Coding Clinic*. If he feels the codes should not be used then the HIM Director will feel she has performed due diligence in this matter. Is this true?