

**Community Health Network, Inc.**  
**MEDICAL STAFF POLICIES & PROCEDURES**

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| <input checked="" type="checkbox"/> <b>Community Hospital East</b>  | <input checked="" type="checkbox"/> <b>Community Hospital South</b>              |
| <input checked="" type="checkbox"/> <b>Community Hospital North</b> | <input checked="" type="checkbox"/> <b>Community Heart and Vascular Hospital</b> |

**TITLE: CREDENTIALS FILES OF PRACTITIONERS—MAINTENANCE, CONTENTS, CONFIDENTIALITY, AND PERMITTED ACCESS**

**PURPOSE:** To establish and communicate to Members of the Medical Staff the nature and treatment of the credentialing files maintained with respect to every credentialed practitioner.

Maintenance and Contents of Credentials Files

A Credentialing File is maintained for each practitioner who has requested or received privileges at Community Health Network, Inc. These Credentialing Files are maintained by the Medical Staff Departments of Community Health Network, Inc.

The following information is maintained in each practitioner's Credentialing File:

- a. Applications for appointment and clinical privileges, with all supporting documentation;
- b. Applications for reappointment or a requested change in staff status or clinical privileges, with all supporting documentation;
- c. Notations of telephone conversations concerning the practitioner's qualifications, including date of conversation, identification of parties to the conversation, and information received and/or discussed;
- d. Any and all correspondence from third parties including, but not limited to, letters of reference, confidential evaluation forms and other documents provided by persons having knowledge or information concerning an applicant's or member's training, clinical practice or professional competence or conduct at any other health facility or medical school;
- e. All other information gathered in the course of verifying, evaluating, or otherwise investigating applications for appointment, reappointment or changes in staff status or clinical privileges;
- f. National Practitioner Data Bank reports;
- g. Any periodic review and appraisal forms completed by the appropriate department/clinical services chairman, including those completed at the time of application for appointment or reappointment;
- h. Any routine quality assessment and improvement trend sheets and reports; and
- i. Information concerning the practitioner's use of the Hospital.

This information is maintained via electronic format, on a secured server, or a hard copy file is stored in the Medical Staff Office.

Limits On Access to Practitioner's Credentials File

- a. Access by practitioner:  
A practitioner can view the contents of his/her Credentials File during normal business hours upon reasonable prior request to the Medical Staff Office. However, the practitioner may only obtain copies of the materials that he/she has provided (e.g., he/she cannot obtain copies of the National Practitioner Data Bank report, letters of reference, etc.).
- b. Access by Medical Staff and Hospital personnel:  
The following individuals will be permitted access to a practitioner's Credentials File: Department/Clinical Services Chair; Department/Clinical Services QA Chair; SVP Physician Executive; Medical Staff Office personnel; others participating in Hospital's credentialing process; legal counsel for any of the foregoing individuals. These individuals will be permitted to copy materials in the practitioner's Credentials File only for legitimate business purposes related to the granting, denying, limiting, suspending, or otherwise regulating the practitioner's membership and privileges on the Medical Staff.

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c. Inquiries from Other Hospitals:

If another hospital inquires about a practitioner's Medical Staff membership and/or credentials, no information will be released from the Medical Staff Office unless the practitioner has signed a release of information authorizing this action. The Medical Staff Office will provide a response that states that the practitioner has met the necessary requirements to maintain membership on the Medical Staff, including professional, moral, ethical, and physical requirements. It will also state the dates of staff membership; staff status (e.g., Active); department; and specialty. If there are negative circumstances concerning the practitioner, the response to the questions will be prepared by the Medical Staff Leadership or authorized designee No contents of the Credentials File are shared with the hospital making the inquiry.

d. Inquiries from Other Outside Persons:

From time to time, the Hospital receives inquiries concerning a practitioner's membership and/or credentials from governmental agencies, regulatory bodies, courts, and/or attorneys. The Medical Staff Office will only make information available to such persons if it determines that it is required to do so by applicable laws or regulations. The practitioner will be notified of the inquiry unless he/she has signed a release of information.

#### Retention of Credentials Files

A practitioner's Credentials File is retained for 10 years after the practitioner retires or otherwise leaves the Network.

Originated:	8/22/03 REV 9/7/11
East & North Medical Executive Council Approval:	11/18/03; 6/21/05; 4/21/09; 11/15/11; 01/20/15; 1/18/18
South Medical Executive Committee Approval:	02/13/2006; 4/13/09; 10/8/12; 01/13/15; 3/13/18
Board of Directors Approval:	2/2/04; 7/11/05; 6/1/09; 02/09/15; 3/12/18; 7/16/18
CHVH Medical Executive Approval:	4/24/06; 4/27/09
CHVH Board of Managers Approval:	4/24/06; 5/26/09