WL 311

Getting Organized: Personal Health Records

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A personal health record (PHR) is a collection of information about your health.

Navigating the health care system can be tricky for anyone. It can be difficult to find a primary care provider that you like. Hospitals may seem large and intimidating. Insurance coverage can vary for different types of services, and the words and terms used by professionals might not be easy to understand. You also may not be feeling your best when you are seeking health care. Being an active participant in your care will likely improve your health outcomes and quality of life and save time and money.

Ultimately, you are the one who has the biggest effect on your health! Keeping personal health records organized is a great first step to make your health care less stressful.

What is a personal health record?

A personal health record (PHR) is a collection of information about your health. It contains a list of your current medications with their dosage, allergies, family medical history, test results and your complete history of surgeries and illnesses. It also may include your vaccination record, blood type, advance directives, supplements or over-the-counter medications, and the providers involved in your care.

A PHR can be electronic or on paper, but this document is maintained by you. One important thing to consider is that it is portable and remains

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available to you and your healthcare team when you need it the most! The document will change overtime as your health history does.

Why is it important to keep a personal health record?

Having all this information on hand can help your provider coordinate the care you are currently receiving with any care that you are receiving outside of this current setting. Health care providers may not use the same program for keeping electronic medical records, so keeping your own records can keep everyone in sync. Keeping your own records will help you advocate for your own care!

Three Steps to Building a Personal Health Record

Step 1: Gather information

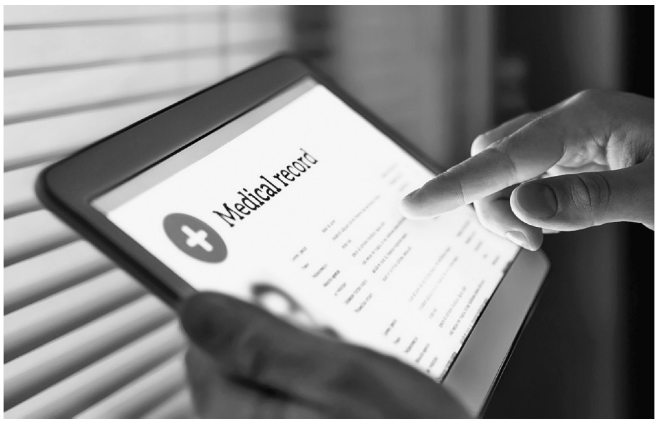
Step 2: Keep track of medical records

Step 3: Start and maintain your personal health record

You can type a personal health record in Microsoft Word, print it and keep it in your purse or wallet. Carry one copy with you, keep one copy at home and give a copy to your emergency contact.

Store files on a computer where you can scan and save documents or type up notes from an appointment

Organize your records by date or by categories, such as treatments, tests, doctor appointments, etc.



Where should I look for health information?

The Health Insurance Portability and Accountability Act (HIPAA) gives patients the right to view their medical records, get copies and make corrections. By law, patients and their representatives have access to medical records, including billing information, medical test results, ect. Most hospitals and providers have a similar process for requesting records. It typically begins with a written or in-person request.

Obtaining information for your personal health record allows you to process your test results and information obtained at visits. You can make a list of any information that you do not understand to discuss during your next visit. When you understand this information, you are more informed about what decisions you are able to make as a consumer of health care. The long-term effects of health literacy include a reduction in patient's time spent with his or her health care provider, a reduction in the overall costs to the consumer, and compliance with insurance companies' health plan quality standards.

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