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Analysis of Medical Information Release Procedures for Forensic Purposes at Bhayangkara Level I Hospital, PUSDOKKES POLRI

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Abstract: Medical records are legally significant documents that play an important role in supporting forensic processes and law enforcement. The release of medical information for forensic purposes must be conducted in accordance with established procedures to safeguard patient confidentiality and ensure the security of health information. This study aimed to analyze the procedures for releasing medical information for forensic purposes at Bhayangkara Level I Hospital, Pusdokkes Polri, assess their compliance with applicable regulations, and identify obstacles encountered during implementation. A descriptive qualitative method with a case study approach was employed. Data were collected through observation, interviews, and document review. The findings showed that the release procedure comprised receipt of an official request letter, administrative verification, management approval, medical record retrieval, document preparation, release of information, and documentation. In general, the procedure was implemented in accordance with Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records. Identified obstacles included incomplete request documents, partially manual record-retrieval processes, and the need to strengthen staff understanding of medicolegal aspects. The study concludes that the procedure for releasing medical information for forensic purposes has been implemented appropriately; however, further improvements are required in administrative management, information technology, and human resource competence.

Keyword: Medical Records, Release of Medical Information, Forensic Purposes, Medical Confidentiality.

INTRODUCTION

Hospitals are healthcare facilities required to maintain medical records containing patient identity, examination results, treatment, procedures, and other services provided to patients. Medical records have administrative, legal, financial, research, educational, and documentary value; therefore, their security and confidentiality must be protected. Under Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, information contained in medical records may only be disclosed or provided to specified parties in accordance with applicable laws and regulations (Ministry of Health of the Republic of Indonesia, 2022).

The release of medical information is the process of providing information contained in medical records to authorized parties in accordance with the relevant purpose and legal basis. One form of disclosure is the release of information for forensic purposes to support investigation, criminal inquiry, or court proceedings. In its implementation, hospitals must ensure that the information disclosed is limited to what is required while continuing to uphold the principle of medical-record confidentiality (Ramadhanty et al., 2022).

Previous studies have shown that the release of medical information continues to face various obstacles. Zulfahmi and Ramadhani (2024) reported that successful disclosure is influenced by completeness of administrative requirements, clarity of procedures, and protection of patient-data confidentiality. Pamungkas (2022) found that incomplete application documents, suboptimal supervision of access to medical information, and insufficient staffing for information-release services can impede the process. These findings indicate that procedural compliance is essential for maintaining the security of medical information.

Nevertheless, research specifically addressing medical information release procedures for forensic purposes in police hospitals remains limited. Most previous studies have discussed medical information disclosure in hospitals in general, whereas police hospitals have distinctive characteristics because they more frequently manage criminal cases, traffic accidents, violence-related cases, and other matters requiring medical evidence in law-enforcement proceedings. Research in police hospitals is therefore needed to provide a more specific understanding of procedural implementation in accordance with applicable provisions (Angraini, 2021; Fandholi, 2024).

Bhayangkara Level I Hospital, Pusdokkes Polri, is a referral hospital owned by the Indonesian National Police that provides healthcare services while also supporting medicolegal and forensic activities. Preliminary observations indicated that the hospital has established a Standard Operating Procedure (SOP) for the release of medical information. However, several challenges remain, including incomplete application documents, medical-record retrieval that is still partly manual, and differences in staff understanding of legal and medicolegal aspects. These conditions indicate the need to evaluate implementation so that medical information can be released effectively, securely, and in compliance with applicable regulations (Researcher's preliminary observation, 2025).

Based on the foregoing, this study aimed to analyze the procedures for releasing medical information for forensic purposes at Bhayangkara Level I Hospital, Pusdokkes Polri, evaluate their conformity with Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, and identify obstacles encountered during implementation. The findings are expected to provide evaluative input for the hospital in improving the quality of medical information release management so that forensic services can be delivered effectively, efficiently, and in accordance with applicable legal requirements.

METHODS

This study employed a descriptive research method with a qualitative approach and a case study design. The qualitative approach was selected because it enables an in-depth understanding of the implementation of medical information release procedures for forensic purposes at Bhayangkara Level I Hospital, Pusdokkes Polri. Through this approach, the researcher explored the implementation process, regulatory compliance, and obstacles encountered comprehensively (Sugiyono, 2023).

The study was conducted in the Medical Records Unit of Bhayangkara Level I Hospital, Pusdokkes Polri, in May 2025. Four informants were selected using purposive sampling, namely the Head of the Medical Records Unit, a Medical Records Officer, the Physician in Charge, and a Forensic Administration Officer. Informants were selected because they possessed relevant knowledge and were directly involved in the object of study.

Data sources consisted of primary and secondary data. Primary data were obtained through direct observation of medical information release procedures and in-depth interviews with informants. Secondary data were obtained through document review, including the Standard Operating Procedure (SOP), medical information release forms, request letters, the medical information release register, and relevant laws and regulations concerning medical records (Sugiyono, 2023).

Data were collected through observation, in-depth interviews, and documentation review. Observation was used to examine implementation directly; interviews were used to obtain information based on informants' experience and understanding; and documentation review was used to support and verify findings from observations and interviews. Data trustworthiness was maintained through source and technique triangulation by comparing information obtained from different sources and data-collection methods (Sugiyono, 2023; Notoatmodjo, 2018).

Data were analyzed using the interactive model of Miles, Huberman, and Saldaña (2014), consisting of data condensation/reduction, data display, and conclusion drawing. Analysis was conducted continuously from data collection through formulation of conclusions aligned with the research objectives. Research ethics were also observed by protecting informants' identities and ensuring that all collected data were used solely for research purposes in accordance with medical-record confidentiality requirements.

Table 1. Operational Definitions

No.	Variable	Operational Definition	Indicators
1	Release of Medical Information	The process of providing medical-record data to authorized parties in accordance with applicable regulations.	Request letter, verification, approval, release of information, documentation.
2	Forensic Purposes	Release of medical information used in investigation, criminal inquiry, or court proceedings.	Requests from law-enforcement authorities, purpose of use, administrative completeness.
3	Procedural Compliance	Implementation of medical information release based on the SOP and Minister of Health Regulation No. 24 of 2022.	Procedural stages, requirements, applicant authority.
4	Implementation Obstacles	Barriers identified during the medical information release process.	Administration, human resources, coordination, information systems.

RESULTS AND DISCUSSION

This study was conducted through observation, in-depth interviews, and document review involving informants who participated in the release of medical information for forensic purposes at Bhayangkara Level I Hospital, Pusdokkes Polri. The informants included the Head of the Medical Records Unit, a medical records officer, an administrative officer, and an investigator who had previously submitted a request for medical information.

Observation showed that the process began with receipt of an official request letter from an authorized institution. Staff then verified the completeness of the documents and the authority of the applicant before obtaining approval from the authorized official. Once approved, staff prepared the medical information required, released it to the applicant, and documented the entire process in the medical information release register.

Interviews indicated that all informants understood the importance of maintaining medical-record confidentiality throughout the disclosure process. Information was released only to authorized parties after all administrative requirements had been fulfilled. Document review further showed that the hospital had an SOP serving as a guideline for medical information release, allowing each stage of the process to be properly documented.

Despite this, several implementation obstacles were identified, including incomplete request documents, time required for approval, suboptimal inter-unit coordination, and a high workload among medical records staff. To address these issues, the hospital has provided information regarding release requirements, strengthened inter-unit coordination, and periodically evaluated procedural implementation. The Medical Records Unit therefore plays a central role in maintaining confidentiality while enabling authorized access under established procedures.

Table 2. Summary of Informant Interviews

Informant	Position	Summary of Interview Findings
Informant 1	Head of the Medical Records Unit	Medical information for forensic purposes is released based on the SOP and requires an official request letter from an authorized party.
Informant 2	Medical Records Officer	Staff verify document completeness and ensure that all requirements have been fulfilled before information is released.
Informant 3	Physician in Charge of Forensic Services	The physician provides the medical explanation required for forensic purposes and ensures the appropriateness of the information to be released.
Informant 4	Forensic Administration Officer	The officer receives and manages request letters, records administrative information, and coordinates with relevant units during the release process.

Source: Interviews with informants at Bhayangkara Level I Hospital, Pusdokkes Polri.

Based on interviews with the Head of the Medical Records Unit, medical records officer, forensic administration officer, and physician in charge, the release of medical information has been implemented in accordance with the SOP. All informants stated that information is released only after an official request letter has been received, document completeness has been verified, approval from an authorized official has been obtained, and each release has been recorded. Informants also identified several obstacles, including incomplete request documents, suboptimal inter-unit coordination, and a high staff workload.

Medical Information Release Flow for Forensic Purposes

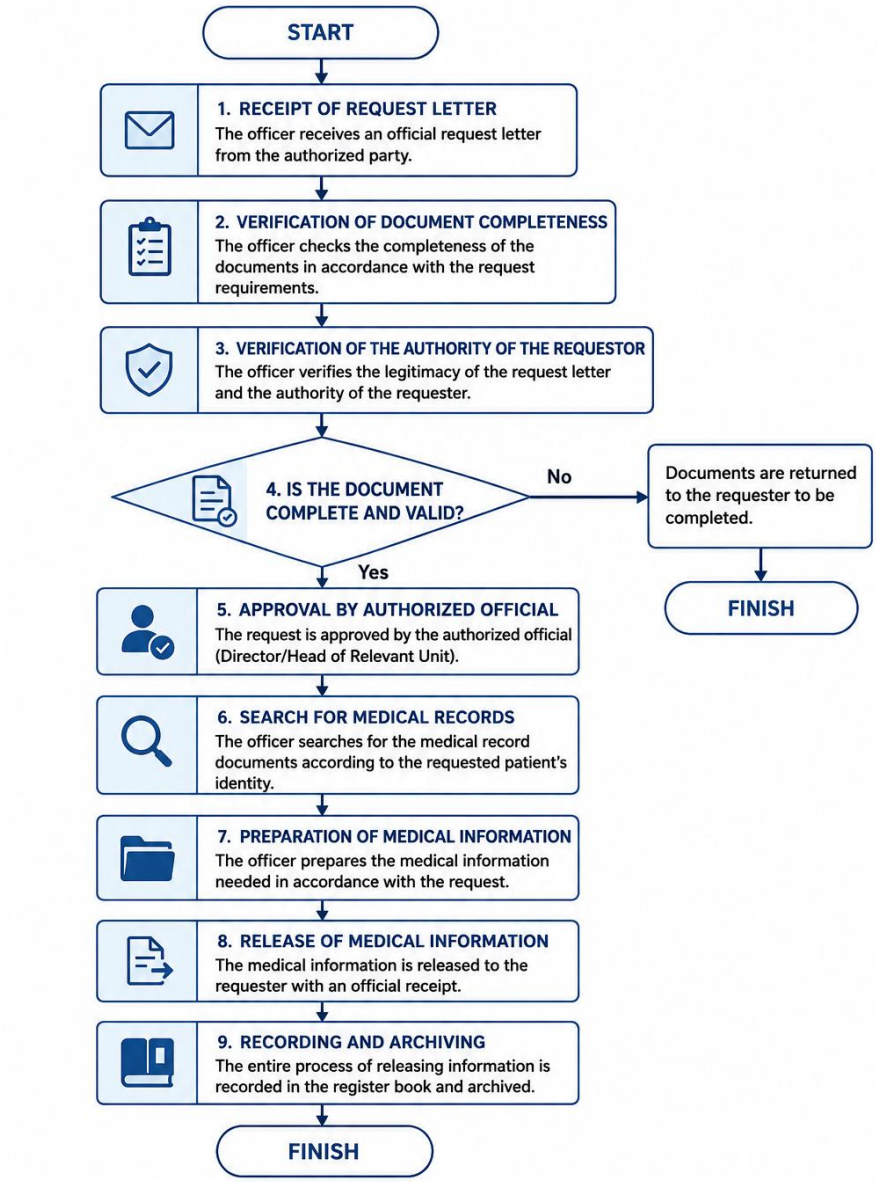

Figure 1. Flowchart of the Procedure for Releasing Medical Information for Forensic Purposes at Bhayangkara Hospital Level I Pusdokkes Polri

Source: Researcher Observation Results, 2025

Table 3. Compliance of Medical Information Release Implementation with the SOP

No.	Procedural Stage	Compliance
1	Submission of Request Letter	Compliant
2	Document Verification	Compliant
3	Management Approval	Compliant
4	Preparation of Medical Information	Compliant
5	Release of Medical Information	Compliant
6	Documentation	Compliant

Source: Interviews with staff at Bhayangkara Level I Hospital, Pusdokkes Polri.

Observation showed that the release process begins with receipt of an official request letter from an authorized institution. Staff subsequently verify document completeness and applicant authority before obtaining approval from the authorized official. After approval, staff

prepare the required medical information, release it to the applicant, and document the entire process in the medical information release register.

Table 4. Obstacles in the Implementation of Medical Information Release

No.	Obstacle	Frequency/Information	Impact
1	Incomplete request documents	10 of 50 documents (20%)	Release process is delayed
2	Approval process requires time	Based on interview findings	Service takes longer
3	Suboptimal inter-unit coordination	Based on interview findings	Document completion is delayed
4	High staff workload	Based on interview findings	Service effectiveness decreases

Source: Interviews with informants at Bhayangkara Level I Hospital, Pusdokkes Polri.

The most frequently identified obstacles were incomplete request documents and the length of the approval process. To address these issues, the hospital provides information on administrative requirements to applicants and strengthens inter-unit coordination so that the release process can be carried out more effectively.

The hospital has implemented several measures to address these obstacles, including providing applicants with information on administrative requirements, improving coordination between units, evaluating procedural implementation, and optimizing the distribution of duties among medical records staff. These measures are expected to improve service effectiveness and minimize delays in the release process.

Table 5. Completeness of Medical Information Release Request Documents

No.	Completeness of Request Documents	Number of Documents	Percentage
1	Complete	40	80%
2	Incomplete	10	20%
	Total	50	100%

Source: Interviews with informants at Bhayangkara Level I Hospital, Pusdokkes Polri.

Of the 50 medical information release request documents reviewed, 40 documents (80%) fulfilled the administrative requirements, while 10 documents (20%) were incomplete. These findings indicate that most applications met the required conditions. However, the remaining 20% demonstrates that administrative completeness continues to be an obstacle in releasing medical information for forensic purposes.

Incomplete request documents prevent medical records staff from immediately proceeding with the release process. Staff must first review the deficiencies and contact the applicant regarding documents that still need to be completed. This condition can prolong service time because the release process must wait until all requirements have been fulfilled.

Interviews indicated that incomplete request documents remain a recurring implementation problem. Applicants sometimes do not fully understand all administrative requirements and therefore submit incomplete documentation. In such situations, staff communicate with applicants and explain which documents still need to be provided.

The finding that 10 of 50 applications were incomplete indicates the need to improve applicants' understanding of release requirements. Information and guidance concerning administrative requirements can be provided before an application is submitted. In addition, staff can conduct an initial completeness check so that deficiencies are identified immediately and do not delay subsequent stages.

Thus, although most request documents were complete, a proportion still required administrative correction. This condition requires hospital attention because the release of medical information concerns both patient confidentiality and legal accountability. Greater

accuracy during verification, clear information for applicants, and stronger inter-unit coordination are expected to reduce incomplete applications and improve the effectiveness of medical information release for forensic purposes.

Discussion

The findings demonstrate that the procedure for releasing medical information for forensic purposes at Bhayangkara Level I Hospital, Pusdokkes Polri, has been implemented through clearly defined stages: receipt of a request letter from an authorized party, verification of administrative requirements, approval by an authorized official, preparation of the requested medical information, release of information to the applicant, and recording of each disclosure. Based on observations and interviews, these stages were implemented in accordance with the established workflow, allowing each release to be administratively and legally accountable.

Although the procedure has generally been implemented well, several obstacles remain. The most frequent problem is incomplete documentation submitted by applicants, which requires repeated verification. Inter-unit coordination may also take additional time, particularly when approval from several authorized parties is required. Consequently, the release process cannot always be completed as quickly as expected. Interviews further indicated that the workload of medical records staff is relatively high and may, under certain circumstances, affect service speed.

To overcome these constraints, Bhayangkara Level I Hospital, Pusdokkes Polri, has undertaken several measures, including explaining requirements to applicants before submission, strengthening coordination between the Medical Records Unit, forensic services, and investigators, and periodically evaluating procedural implementation. These measures are considered useful for reducing administrative errors and facilitating the release process. Going forward, more optimal utilization of electronic medical records is also expected to accelerate data retrieval and improve service efficiency.

The findings indicate that successful release of medical information for forensic purposes depends not only on the existence of an SOP but also on staff compliance with each procedural stage, completeness of documents submitted by applicants, and effective inter-unit coordination. Continuous procedural evaluation, enhancement of staff competence, and strengthening of administrative systems are therefore important for maintaining service quality while protecting the confidentiality of patients' medical information.

These findings are consistent with Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, which stipulates that medical-record information is confidential and may only be disclosed for specified purposes in accordance with laws and regulations. The findings also align with Zulfahmi and Ramadhani (2024), who emphasized procedural compliance and completeness of administrative requirements as important factors in medical information release, and with Pamungkas (2022), who identified administrative and coordination barriers as continuing challenges in hospital medical information release.

CONCLUSSION

Based on the findings, the procedure for releasing medical information for forensic purposes at Bhayangkara Level I Hospital, Pusdokkes Polri, has been implemented in accordance with the Standard Operating Procedure (SOP) and Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records. The procedure includes receipt of a request letter, verification of document completeness, approval by an authorized official, preparation of medical information, release of information to the applicant, and documentation of each disclosure.

Nevertheless, several obstacles remain, including incomplete request documents, time-consuming approval processes, suboptimal inter-unit coordination, and a high workload among

medical records staff. These obstacles may affect service effectiveness if they are not addressed continuously.

Overall, the procedure has been implemented through systematic stages consisting of receipt of an official request letter, verification of document completeness, approval by an authorized official, preparation of medical information, release to the authorized party, and recording and archiving of documents. The implementation reflects the hospital's efforts to protect patient-information confidentiality while meeting the requirements of legal and forensic processes.

Recommendations

Bhayangkara Level I Hospital, Pusdokkes Polri, is encouraged to strengthen coordination among units involved in the medical information release process, periodically disseminate information regarding release requirements to applicants, and optimize the use of electronic medical records to improve service effectiveness. The competence of medical records staff should also be continuously enhanced through training on legal aspects, medical-record confidentiality, and medical information release procedures. Future researchers are encouraged to examine medical information release practices in other hospitals or investigate the implementation of electronic medical records in supporting forensic services in order to obtain more comprehensive findings.

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