

The Arrangement of Medical Records in Implementation of Telemedicine in Hospitals

by Andriana Pakendek

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The Arrangement of Medical Records in Implementation of Telemedicine in Hospitals

Andriana Pakendek

Law Doctoral Study Program Students

Faculty of Law UNTAG Surabaya

Lecturer of the Faculty of Law, UNIRA

Pamekasan

Email: ana.pakendek@gmail.com

Abstract—

The aims of study were 1) To determine the legal principles of hospital telemedicine; 2) To find out the arrangement of Medical Records in various countries based on the laws in force in Indonesia; 3) To find out the procedures for organizing Telemedicine Medical Records and 4) To find out the types of Telemedicine services. This type of research is juridical normative (legal research). The method of analysis of legal materials was a deductive method. Based on the discussion, it is concluded as follows: 1) The legal principles of hospital telemedicine include the principles of Utilization of Information and Communication Technology (ICT), the principles of state and community responsibility, the principles of competence, integrity, and quality, the principles of equality, good faith, independence, and volunteerism and legal certainty and the principle of data security and confidentiality as well as standardization, the principle of patient autonomy and freedom to choose technology or technology neutral and the principle of patient interest 2) The regulation of Medical Record Law in various countries, namely Indonesia and America is different. Indonesia does not yet have a law that specifically regulates electronic medical records. Apart from the ITE Law. Law Number 36 of 2009 concerning Health, while in America it has been regulated in all aspects of administering medical records; 3) The procedure for organizing Telemedicine Medical Records is explained in the Minister of Health Regulation Number 20 of 2019 and 4) Telemedicine services between health care facilities are carried out between one health service facility and another health service facility in the form of consultation to establish diagnosis, therapy and disease prevention.

Keywords: law, regulation, administration, medical records and telemedicine

I. INTRODUCTION

The right to health services is stated in Articles 5 and 6 of the Health Law Number 36 of 2009 concerning Health (hereinafter referred to as the Health Law) which states that everyone has the same rights in obtaining access to resources in the health sector and everyone has the right to obtain safe, quality and affordable health services; and every person has the right to independently and responsibly determine the health services needed for himself. So that the right to health becomes a very basic and important thing for every individual.¹² Patient rights are basically included in human rights. This right includes the right to health which is manifested in the form of the right to health services, as well as the right to self-determination.³

Every right is certainly inseparable from obligations. For the fulfillment of these rights, there must be a party who guarantees the implementation of the fulfillment of these rights in the form of legal regulations and obligations. Health is the main pillar of the development of a nation, and is guaranteed by the state, by building and providing good and affordable health care facilities for every individual in Indonesia. Article 47 of the 1945 Constitution reads that "The state is responsible for the provision of adequate health service facilities and public service facilities". Continued in Article 54 of the Health Law, that the implementation of health is carried out in a responsible, safe, quality, as well as equitable and non-discriminatory manner. Therefore, apart from being a human right of every individual Indonesian, Indonesia is also responsible for the fulfillment of these health

⁵¹ Ardi. 2015. *Tanggung Jawab Negara dalam Pemenuhan Hak Atas Kesehatan Masyarakat Berdasarkan Undang-undang Dasar Negara Republik Indonesia Tahun 1945*, *Jurnal Ilmu Hukum Legal Opinion*, Vol. 2, 2015

² Zahir Rusyad, 2018, *Hukum Perlindungan Pasien*, Malang : Citra Intrans Selaras, p. 1

³ Freddy Tengker, 2007. *Hak Pasien*, Bandung: Mandar Maju, p. 50-62

services. The state is not only responsible for providing health facilities, but each of these health service facilities must meet good national standards and guarantee quality.⁴

In addition to patient rights which are the embodiment of human rights, there are also various inherited rights, including the right to information and the right to privacy. In order to obtain quality health services, patients also have the right to obtain health information. Article 7 of the Health Law states that everyone has the right to get information and education about balanced and responsible health. The right to information includes information on health education, the state of the illness and other information related to the patient's health.⁵ The patient's rights certainly cannot be separated from the doctor's obligations. Patients' rights will not be fully achieved if a doctor does not carry out his obligations, one of which is the obligation to carry out work with the highest standards.

The development of information technology in the world, including Indonesia, in the last decade has progressed very rapidly. The development of information technology directly and rapidly affects all sectors of life and daily activities of Indonesian people. The health sector is inseparable from the development of information technology. Article 167 of the Health Law states that health management is administered by the Government through the management of health administration, health information, health resources, health efforts, health financing, community participation and empowerment, science and technology in the health sector, as well as integrated health arrangements, and support each other in order to ensure the achievement of the highest degree of health.

One of the developments in information technology that is currently being discussed and mushroomed is Telemedicine technology. Telemedicine is defined as the provision of health services through audiovisual conference technology between doctors or health practitioners and patients remotely to transmit patient medical data using audiovisual communication using existing

telecommunications infrastructure, for example using the internet, satellite and so on.⁶ The Internet has been a stable source of medical data previously and is currently being used as a medium for providing online health consultation services between patients and doctors.

Telemedicine technology is expected to help patients and health institutions to share information easily and quickly. Today, the advancement of the world of computer-based Information and Communication Technology (ICT) has developed and become an inseparable part of the world of health.⁷ *Telemedicine* can be grouped into interactions of health information transmission between health institutions and long-distance interactions between doctors and patients.

One form of Telemedicine is an application that offers online-based health consultation facilities, where a patient can ask questions about health to doctors through media in the form of an application without face to face. Until now, there have been many health applications in Indonesia that offer this online health consultation facility. In addition to consultations, some applications even make it easier to buy drugs through prescription. This application is often referred to as an online clinic.

Indonesia is an archipelagic country that is developing. With Indonesia's geographical structure consisting of thousands of islands, health care facilities are still not evenly distributed and adequate in some areas. This application that provides online consultation is considered to be able to help bridge the distance and reach the limitations of patients to get these health care facilities. Every development has a good purpose. Online health consultation facilities also have many positive benefits. In terms of practicality, this online consultation makes it easy for patients everywhere to be able to interact with doctors without having to come to the hospital

Since the end of 2019, the world has been hit by the Covid-19 pandemic which requires social

⁶Christian D Becker, et al. "Legal Perspectives on Telemedicine Part 1: Legal and Regulatory Issues", 2019. *Perm J*, Vol. 23, p. 18-293.

⁷Budi Setiawan Santoso, et al. "*Perkembangan dan Masa Depan Telemedika di Indonesia*" disajikan dalam Conference on Information Technology and Electrical Engineering (CITEE) Yogyakarta, 24 Juli 2019

⁴. Jusuf Hanafiah dan Amri Amir, 2017, *Etika Kedokteran & Hukum Kesehatan ED*

⁵Freddy Tengker, op. cit., p. 65

distancing. This has had a huge impact on health care methods in Indonesia. People seek health services that are safer, and avoid the risk of transmission. Telemedicine is a way of providing health services during the Covid-19 pandemic. From the side of doctors as health service providers, this is also affected, so doctors are also open to providing health services through Telemedicine. This kind of practice is also seen by many doctors, especially doctors with comorbid Covid-19, as a safer way to continue to provide services to the community. If you look back, actually the practice of Telemedicine has been carried out by many doctors,

One of the services needed in Telemedicine is to record everything about the patient's disease history, starting when the patient arrives, until the end of the treatment stage at a health service facility. In the world of health, these records are known as medical records⁸ RMedical record is a doctor's medical records that are made during the treatment and care relationship between a doctor and a patient. The presence of medical records in terms of medical practice is very important, both for health service facilities in hospitals, clinics, health centers, medical centers, and doctor's practices.

This Medical Record is tangible evidence that describes the correct diagnosis, treatment, treatment, costs and all medical procedures given by the doctor. As a valid evidence, when viewed from a formal and material perspective, this medical record evidence must not only comply with the provisions of the Criminal Procedure Code/Civil, but also comply with standard operating procedures generally applicable in the medical field. Regarding this function, from a legal perspective, this medical record can be used as evidence in the process of law enforcement, medical ethics and medical discipline. Especially in the law enforcement process, this medical record can be accepted as evidence in the process of resolving a legal case, namely to determine the guilt or innocence of a doctor in a legal conflict.⁹

The medical record, among others, contains the patient's identity, examination, treatment and other actions and services provided by a doctor to a

⁸Ery Rustiyanto, 2009. *Etika Profesi Perkam Media dan Informasi Kesehatan*, Yogyakarta, Graha Ilmu, p. 6

⁹*Ibid*, p. 6

patient while undergoing treatment at a health service facility (SK Men PAN Number 135 of 2002).¹⁰ DIn every health service facility, medical records must exist to maintain a high quality of professional service, to complement information needs, for the benefit of a substitute doctor who continues patient care, for future reference, and is necessary because of the patient's right to see.¹¹

This phenomenon urges the government to issue legal regulations that regulate medical records and online services in Telemedicine in the pandemic era, in the form of Circular Letter of the Minister of Health Number HK. Spread of Corona Virus Disease 2019 (COVID-19).

The aims of this study were 1) To determine the legal principles of hospital telemedicine; 2) To find out the arrangement of Medical Records in various countries based on the laws in force in Indonesia; 3) To find out the procedures for organizing Telemedicine Medical Records and 4) To find out the types of Telemedicine services.

II. LITERATURE REVIEW

Theory of Proof

The aspect of proof plays a decisive role in declaring a person's guilt so that a sentence is imposed by a judge. In general, evidence comes from the word "evidence" which means a thing (event and so on) that is sufficient to show the truth of a thing (the event). Proof is the act of proving . Proving is the same as giving (showing) evidence, doing something as truth, implementing, signifying, witnessing and convincing.¹²In the legal dictionary, bewijs is defined as everything that shows the truth of certain facts or the untruth of other facts by the parties in a court case in order to provide material to the judge for his assessment.¹³ R. Subekti is of the opinion that proving is convincing the judge of the truth of the arguments or arguments put forward in a dispute.¹⁴ It can be concluded that evidence

⁸¹ M. Jusuf Hanafiah, 2009. *Etika Kedokteran dan Hukum Kesehatan*, edisi 4, Jakarta, EGC, p.73

¹¹*Ibid*. p.78

¹²*Ibid*, p.32

¹³Eddy O.S. Hiarij, 2012, *Teori & Hukum Pembuktian*, (Jakarta, Erlangga), p.3

¹⁴R. Subekti, 2008, *Hukum Pembuktian*, Pradnya Paramita, (Jakarta, Erlangga), page 1

refers to a process related to gathering evidence, showing evidence to presenting the evidence in court.

In this evidentiary process, there is a correlation and interaction regarding what will be applied by the judge in finding the material truth through the stages of proof, evidence tools and processes for the following aspects:¹⁵

1. Which actions are considered proven?
2. Has it been proven that the defendant is guilty of the acts he is accused of?
3. What offense was committed in connection with these acts.
4. What penalty should be imposed on the defendant?

Theoretically, in order to apply the basic proof system in the science of criminal procedural law, it is known that there are three (3) theories about the evidentiary system, the three theories/systems include:¹⁶

1. Positive Legal Evidence System (Positif Wettelijke Bewijs Theorie)

This theory is positive because it is only based on the law, meaning that if an act has been proven in accordance with the evidence stated in the law, then the judge's belief is no longer used.). The law has determined the existence of evidence that can be used by the judge, how the judge must use it, the strength of the evidence and how the judge must decide whether or not the case being tried is proven. In this aspect the judge is bound by the adage if the evidence has been used in accordance with the provisions of the law. The judge must determine the defendant is guilty even though the judge "believes" that the defendant is actually innocent.

2. Evidence System According to Judge's Confidence (Conviction Intime/Conviction Raisonance)

A proof system based on the judge's belief, the judge can make decisions based on mere "belief" without being bound by a regulation. In its development the evidence system based on the judge's conviction has two forms of polarization, namely conviction intime and conviction rainosance.

¹⁵Lilik Mulyadi I, op.cit., p. 66.

¹⁶Eddy O.S. Hiariej, 2012, *Teori & Hukum Pembuktian*. (Jakarta, Erlangga), p.3

a. Intime Conviction Verification System

The defendant's guilt depends on mere belief so that the judge is not bound by a rule (blot gemoedelijke overtuiging, conviction intime).

b. Conviction Raisonance Proof System

In this system, the principle is identical to the conviction intime system. In the conviction rainosance system, the judge's belief still plays an important role in determining the defendant's guilt.

3. Evidence System According to Negative Law (Negatief Wettelijke Bewijs Theorie)

The principle of the proof system according to the law negatively determines that the judge may only impose a sentence on the defendant if the evidence is limitedly determined by law and is also supported by the judge's belief in the existence of the evidence.

The system of proof in criminal proceedings is known as a negative proof system (negative wettelijk bewijsleer), where what the judge is looking for is material truth, while in civil procedural law a positive proof system applies. What is meant by a negative system, which is a system that applies in criminal procedural law, is a system of proof before a court so that a crime can be imposed by a judge, it must meet 2 (two) absolute requirements, namely sufficient evidence and the judge's conviction. The legal theory of evidence teaches that in order for a piece of evidence to be used as evidence in court, the following conditions are required:

- 1) *Allowed by law* to be used as evidence
- 2) *reliability*, yes Now the evidence can be trusted for its validity
- 3) *Necessity*, yes Now the evidence is needed to prove a fact.
- 4) *Relevance*, yes Now the evidence has relevance to the facts to be proven.

Legal Protection Theory

Legal protection is one of the discourses that is widely circulated to guarantee the rights of the community. In this paper, we will describe the theory of Legal Protection (hereinafter abbreviated as TPH). Theory of Legal Protection, related to economic law was developed by Salmond and developed by JP Fitzgerald, and in Indonesia, TPH

was also developed by Philipus M. Hadjon. Fitzgerald⁵⁶ when explaining TPH Salmond, explained that the law aims to integrate and coordinate various interests in society, by limiting these various interests, because in a traffic of interests, protection of certain interests can only be carried out.

According to R. La Porta in the Journal of Financial Economics, the form of legal protection provided by a country has two characteristics, namely preventive and punishment. The most obvious form of legal protection is the existence of law enforcement institutions such as courts, prosecutors, police and other non-litigation dispute resolution institutions.

According to Fitzgerald, Salmond's theory of legal protection that the law aims to integrate and coordinate various interests in society because in a traffic of interests, protection of certain interests can be done by limiting various interests on the other hand.¹⁷ The interest of the law is to take care of human rights and interests, so that the law has the highest authority to determine human interests that need to be regulated and protected.¹⁸ PeLegal protection must look at the stages, namely legal protection is born from a legal provision and all legal regulations provided by the community which are basically an agreement by the community to regulate behavioral relations between community members and between individuals and the government which are considered to represent the interests of the community.

Medical Records

There are many interpretations of the definition of the medical record itself. Medical records have a very important role in providing health services. Filling of data on medical records is carried out by doctors or health experts. Making medical records is one of the obligations of doctors which can be seen in Article 46 paragraph (1) to paragraph (3) and Article 47 paragraph (1) to paragraph (3) of the Medical Practice Law.

According to Amir, the role of medical records is very important and closely related to the activities of medical services and health services.

¹⁷Satjipto Raharjo, 2000. *Ilmu Hukum*. Bandung : PT. Citra Aditya Bakti p. 53

¹⁸*Ibid*, p. 69

Some even say that medical records are considered as a third person who is present when doctors receive their patients.¹⁹

According to the official explanation of Article 46 paragraph (1) of Law Number 29 of 2004 concerning Medical Practice²⁶ which states: "Medical records are files containing records and documents regarding patient identity, examination, treatment, action, and other services that have been given to the patient."²⁶

The definition of medical records according to the Regulation of the Minister of Health⁸⁵ of the Republic of Indonesia Number 269/MENKES/PER/III/2008 concerning Medical Records in Article 1⁴⁰ number (1) which states that:

"Medical kam is a file containing records and documents regarding patient identity, examination, treatment, actions and other services that have been provided to patients.

Suggest the Statement of the Indonesian Doctors Association concerning Medical/Health Records in the Attachment of SK PB IDI No. 315/PB/A.4/88 states that:

1. "Remedical/health kam is a recording in written form or a description of service activities provided by a health service/medical provider to a patient.
2. The medical/health kam includes: complete identity of the patient, notes about the disease (diagnosis, therapy, observation of the course of the disease), notes from third parties, results of laboratory tests, X-rays, ultrasound examinations, and others as well as a resume.

The definition of medical records in Medical Laws and Jurisprudence⁸:

"Medical record is any written reports, notes, orders, photographs, X-rays or other written record received or produced by a provider of health care, or any person employed by him, which contains information relating to the medical history, examination, diagnosis or treatment of the patient".

According to Sofwan Dahlan, medical records have a very important purpose because they can be used for legal purposes, so that the background to the need for medical records according to Sofwan Dahlan is to document all events related to patient

¹⁹Anny Isfandyarie, buku 1, 2006. *Tanggung Jawab Hukum dan Sanksi bagi Dokter*. Jakarta: Persentasi Pustaka. page 165

health and provide communication media among health workers for the benefit of treating their current and future illnesses.²⁰

Regarding the use of medical records as evidence in court, the existence of medical records is indispensable in every health service facility, both in terms of the implementation of health service practices and in terms of legal aspects. From the legal aspect, medical records can be used as evidence in legal cases²¹. So, the exposure of the information in this medical record is limited because it can only be used in special cases that are legally approved and in the interest of the law.

Telemedicine

According to Sofwan Dahlan, medical records have a very important purpose because they can be used for legal purposes, so that the background to the need for medical records according to Sofwan Dahlan is to document all events related to patient health and provide communication media among health workers for the benefit of treating their current and future illnesses.²²

Remedical cams can be opened according to the laws and regulations. The presentation of the contents of the medical record may only be carried out by a doctor who is responsible for patient care and for the benefit of the court. What is meant for the interest of the court is also for the sake of proof in court and for the purpose of investigation²³.

Regarding the use of medical records as evidence in court, the existence of medical records is indispensable in every health service facility, both in terms of the implementation of health service practices and in terms of legal aspects. From the legal aspect, medical records can be used as evidence in legal cases²⁴. So, the exposure of the information in this medical record is limited because it can only be used in special cases that are legally approved and in the interest of the law.

²⁰Dahlan Sofwan. 2000. *Hukum Kesehatan Rambu-rambu Bagi Profesi Dokter*. Semarang: UNDIP. Pg.73

²¹Ibid.hlm.91

²²Dahlan Sofwan. 2000. *Hukum Kesehatan Rambu-rambu Bagi Profesi Dokter*. Semarang: UNDIP. Pg.73

²³Koeswaji, Hermien Hadiati. 1983. *Hukum dan Masalah Medik*. Surabaya : Airlangga University Press.hlm.157

²⁴Ibid.hlm.91

Electronic Data Protection

According to Turban, Rainer and Potter, “data are raw facts or elementary description of things, events, activities and transactions are the captured, recorded, stored and classified, but not organized to convey any specific meaning. Example of data would include bank balances”. “Data is a basic description, preliminary fact that have not been detailed from subjects, events, activities and transactions that are captured, recorded, stored and clarified but are not organized to be able to express any special meaning.”²⁴

The computer-based electronic data/or information storage is called a database and the data communicated through telecommunication media is called Data Messages. These Data Messages are the main basis for the formation of an electronic contract, both in relation to an agreement on the terms and conditions of an electronic contract, in relation to an agreement on the terms and conditions of the contract or relating to the substance of the contract itself.

Legal protection of electronic data is regulated in UndLaw Number 19 of 2016 concerning Amendments to Law Number 11 of 2008 concerning Information and Electronic Transactions This law contains seven important points that revise the UU ITE, especially through this new law the government is also authorized to cut off access and/or order providers electronic system to cut off access to electronic information that contains unlawful content. This new law is expected to provide legal certainty for the community, so that they can be smarter and more ethical in using the Internet. Thus, content with elements of SARA, radicalism, and pornography can be minimized.

III. METHODS

Legal research methods are procedures or steps that are considered effective and efficient.²⁶Based on this, the method that must be used in research must be appropriate so that it can be a systematic and directed reference in producing an argument,

²⁵M. Arsyad Sanusi, 2005, *Hukum dan Teknologi Informasi*, Jakarta, Tim Kompas Buku, Pg. 204-205

²⁶Soerjono dan Abdurrahman, 2003, *Metode Penelitian Hukum*, Rineka Cipta, Jakarta, page 45

theory or new concept in solving a problem. The normative legal research method has several contents, namely the type of research, problem approach, sources of legal materials, procedures for collecting legal materials and processing and analyzing legal materials.

Legal research is a process to find the rule of law, legal principles, and legal doctrines in order to answer the legal issues faced.²⁷ This type of research used in this research is normative juridical (legal research), namely research that is focused on examining the application of rules or norms in positive law. This type of normative juridical research is carried out by examining various formal legal rules such as laws, regulations and literature containing theoretical concepts which are then linked to the problems that will be discussed in this dissertation. Efforts to find law in doctrinal law research²⁸

The statutory approach and the conceptual approach are as follows:

1. The statute approach is an approach that is carried out by examining all laws and regulations that are related to the legal issues being faced.²⁹
2. Conceptual approach (conceptual approach) is an approach that moves the views and doctrines that develop from the science of law, so that by studying the views and doctrines that develop in legal science, the author can find ideas that give birth to legal understanding, concepts - legal concepts and legal principles that are relevant to the issues at hand.³⁰
3. The case approach is an approach that examines several cases for reference to a legal issue.³¹

Legal material is an important thing in a legal research that is used to solve legal issues about what should be done. The legal materials used in this research include:

1. Primary Legal Material

²⁷Peter Mahmud Marzuki, 2014, *Penelitian Hukum*. Kencana Prenada Media Group, Jakarta, page 133

²⁸*Ibid*. p.134

²⁹*Ibid*, page 134

³⁰*Ibid*, pp. 135-136

³¹Herowati Poesoko, 2012, *Diktat Metode Penulisan dan Penelitian Hukum* Jember Fakultas Hukum Universitas Jember. Pages 38-39

- a. the 1945 Constitution of the Republic of Indonesia;
- b. Code of Civil law;
- c. Law No. 39/1999 on Human Rights
- d. Law Number 44 of 2009 concerning Hospitals
- e. Law Number 36 of 2014 concerning Health Workers

2. Secondary Legal Material

Regarding secondary legal materials, Peter Mahmud Marzuki, argues that secondary legal materials are legal materials in the form of all publications on law that are not official documents. Publications on law include books, texts, legal dictionaries, legal journals and commentaries on court decisions.³²

The secondary legal materials used in this paper are textbooks on law relevant to the legal issues raised and written in this dissertation, such as literature and books related to the implementation of standard operating procedures in hospitals.

The legal material analysis method used is the deductive method, which is guided by basic principles and then presents the object to be studied, so it moves from general principles to specific principles.³³

IV. RESULT AND DISCUSSION

The Concept of Setting Medical Records (Medical Record) in the Implementation of Telemedicine in Hospitals

According to Permenkes No. 20 of 2019, Telemedicine services can only be provided by Health Facilities. Even though it is not uncommon for Telemedicine services, such as teleconsultation, to be carried out through other platforms, such as the e-Health application (Halodoc, Alodokter). The Permenkes also only explicitly regulates inter-Fasyankes Telemedicine (hospitals, clinics, health centers). Indonesian Medical Council Regulation (KKI) No. 74/2020 gives permission for doctors and dentists to provide medical services to patients using Telemedicine technology. However, this regulation only allows doctors to provide services through Health Facilities, and not directly. In addition, these regulations only apply during the Covid-19 pandemic.

³²*Ibid*, p. 181

³³*Ibid*, page 213

Health care providers have an obligation to maintain the privacy of their patients' medical data. This includes communication between doctors and patients, as well as other data in the form of images, texts, related videos. Maintaining this privacy and confidentiality is easier to do if health management is carried out entirely in the health facilities (hospitals or clinics), but new problems arise when applying Telemedicine technology.

There are several principles of using Telemedicine in Indonesia as described below.

- a. Prinsip Utilization of Information and Communication Technology (ICT).
governmenth Indonesia through the Ministry of Health has designed the National Health Information System Network (SIKNAS).³⁴ fingerbro, this is a virtual connection/network of electronic health information systems managed by the Ministry of Health and can only be accessed when connected.
- b. Principles of State and Community Responsibility
Doctors as organizers of medical practice have the authority to practice medicine based on permits granted by the government. Permission from the government, is a form of state responsibility to regulate and foster medical practice in Indonesia.³⁵
- c. Principles of Competence, Integrity and Quality
Based on medical practice with telemedicine requires special skills and expertise, so of course these health workers need to be equipped with special knowledge and abilities in the field of telemedicine. Mastery of minimum quality standards by health workers must be proven by a trusted certification system.
- d. Principles of Equality, Good Faith, Independence, and Volunteering and Respect
Legal Astian
ifa health service from a medical facility located abroad as a telemedicine provider wants to open its virtual network.

³⁴Kepmenkes 837 tahun 2007 tentang Kebijakan Pengembangan SIKNAS Online

³⁵H. Hendrojo Soewono, *Batas Pertanggung Jawaban Hukum Malpraktik Dokter dalam Transaksi Terapeutik*, Srikandi, Surabaya, 2007, p. 3

- e. Principles of Data Security and Confidentiality and Standardization
Loyalp people have the right to secret their personal health conditions that have been disclosed to health service providers (Article 57 paragraph (1) of Law No. 36 of 2009 concerning Health). In the use of Telemedicine, the protection of patient privacy rights over their health data that is recorded electronically at health care facilities, needs to be regulated so that it is not easily accessed by unauthorized parties. For this reason, it must be carried out by an authorized officer and has a special permit for it.
- f. Principles of Patient Autonomy and Freedom to Choose Technology or Technology Neutral.
Loyalp the patient has the right to accept or reject part or all of the action for the relief action that will be given to him after receiving and fully understanding the information regarding the action (Article 56 paragraph (1) of Law No. 36 of 2009 concerning Health). Patients also have the freedom to choose technology or be technology neutral. after being given information about the benefits and risks of using the technology. So that whatever decision⁹¹ taken by patients, they can equally provide a sense of security, justice, and legal certainty.
- g. The principles of patient interests are prioritized, data protection, IT forensics, best practices, and legal audit and fairness standards.
Loyalty people if a dispute arises, they can file a lawsuit against the party that operates the Electronic System and/or uses Information⁴⁵chnology that causes losses (Article 38 paragraph (1) of Law Number 11 of 2008 concerning Information and Electronic Transactions). In the process of proving in court, it is very important that the patient's medical data is used as evidence. For this reason, health services using Telemedicine must pay attention to the provisions on data protection so that if needed in the future it can be used as evidence
- h. Legal Protection Principle¹⁰
Based on Law Number 11 of 2008, any person who commits a legal act as regulated in this Law, both within the jurisdiction of Indonesia and outside the jurisdiction of Indonesia, which

has legal consequences in the jurisdiction of Indonesia and/or outside the jurisdiction of the Republic of Indonesia. jurisdiction of Indonesia and harming the interests of Indonesia can be punished.

Medical Record Legal Arrangements in Various Countries

The legal arrangements for medical records in Indonesia and America as a comparison are explained below.

Medical Record Legal Regulations in Indonesia

The development of this technology ultimately facilitates the process of collecting patient data in a health service. There are several legal basis for the implementation of medical records of health services organized by health service facilities¹², including hospitals. Article 28 letter h of the 1945 Constitution of the Republic of Indonesia stipulates that,

"Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and have the right to obtain health services."

Everyone who resides in Indonesia has the right to receive health services, including the poor as regulated in Law Number 36 Year 2009 concerning health, "Everyone has the right to health". In Law no. 44 of 2009 Article 29 paragraph 1 letter h regulates the obligation of hospitals to maintain medical records. This provision is also supported by Article 46 of Law Number 29 of 2004 concerning Medical Practice,

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- (1) Every doctor and dentist in carrying out medical practice is required to make a medical record
 - (2) The medical record as referred to in paragraph (1) must be completed immediately after the patient has finished receiving health services.
 - (3) Each medical record must be affixed with the name, time and signature of the officer who provided the service or action.

Meanwhile, medical records are also regulated in Article 5 of the Regulation of the Minister of Health Number 269 of 2008, namely:

- (1) Every doctor and dentist in carrying out medical practice is obliged to make a medical record.
- (2) The medical record as referred to in paragraph (1) must be made immediately and completed after the patient receives the service.
- (3) Preparation of medical records as referred to in paragraph (2) is carried out through recording and documenting the results of examinations, treatment, actions, and other services that have been provided to patients.
- (4) Every record in the medical record must be affixed with the name, time and signature of the doctor, dentist or certain health personnel who provide direct health services."

At article 6 Permenkes no. 269/2008, stipulates the responsibility of doctors and dentists and/or certain health workers for medical records that have been carried out. Permenkes No. 269/2008 also regulates ownership of media records in medical services or health services as regulated in article 12, namely:

- (1) medical record files are wholly owned by health service facilities
- (2) the contents of the medical record are the property of the patient
- (3) the contents of the medical record as referred to in paragraph (2) in the form of a summary of the medical record
- (4) The summary of the medical record as referred to in paragraph (3) can be given, recorded, or copied by the patient or person who is authorized or with the written consent of the patient or patient's family who is entitled to it."

Medical records are confidential where doctors or hospitals or other health care workers have an obligation to keep all medical record documents confidential which is regulated in Article 48 paragraphs 1 and 2 of Law no. 29/2004 that is,

- ⁹“(1) Every doctor or dentist in carrying out medical practice is obliged to keep medical secrets.
- (2) Medical secrets can be opened only for the benefit of the patient's health, fulfilling the request of law enforcement officials in the context of law enforcement, the patient's own request, or based on statutory provisions.

On the other hand, the confidentiality of ⁴⁵medical records is also regulated in Article 322 paragraphs 1 and 2 of the Criminal Code (KUHP).

- “(1) Any person who deliberately discloses a secret which according to his position or occupation, whether he is now or in the past, is required to keep it, shall be sentenced to a maximum imprisonment of nine months or a maximum fine of Rp. 9000.
- (2) If this crime is committed against a specified person then the act is only prosecuted on the confession of that person.”

In article 57 paragraphs 1 and 2 of Law Number 36 of 2009 concerning Health,

- “(1) ²¹everyone has the right to the confidentiality of his personal health condition that has been disclosed to the health service provider.
- (2) Provisions regarding the right to secret personal health conditions as referred to in paragraph (1) do not apply in the event that:
- statutory orders;
 - court order;
 - the relevant permit;
 - public interest;
 - the interests of the person.”

The purpose of the confidentiality of the medical record document is also to provide protection not only from the administrative aspect, the medical aspect but the most important from the legal aspect, namely related to the position of media records as evidence in accordance with the provisions of the Criminal Procedure Code article 184 paragraph 1 letter c that letters are legal evidence. in criminal cases and in Article 164 HIR which states that records can be used as written

evidence in civil cases. While the medical aspect in it is used to measure media actions taken by doctors who are in accordance with Medical Professional Standards (SPM) because if the contents of the medical record are different from medical actions taken by doctors, it will have a negative impact on the patient's health.³⁶

¹⁸At this time, the use of electronic medical records can provide great benefits for health services such as basic service facilities and referrals (hospitals). One of the benefits of using electronic medical records is to increase the availability of electronic patient records in hospitals. It is also beneficial for patients because it increases efficiency in the health care process.³⁷ SeOn the other hand, for administrative staff, the use of electronic medical records can facilitate the retrieval of patient information.³⁸ So that health workers can easily access patient information. Doctors and health workers also benefit from providing health services for their ease of accessing patient information, which in turn helps in clinical decision making, such as establishing a diagnosis, administering therapy, avoiding allergic reactions and drug duplication.³⁹

From the aspect of efficiency, the use of electronic medical records has the impact of reducing operational costs and increasing income in health care facilities, especially for hospitals. Electronic medical records also make it easier to access patient data between doctors and health services in reading the patient's medical history

³⁶Hasrul Buamona, *Kajian Yuridis Tentang Rekam Medis*, 2013, diunduh dari <http://www.lbhgyakarta.org/2013/05/kajian-yuridis-tentang-rekam-medis/>, there is 8th July 2021

³⁷Chnipper JELS, Inder JEAL, Alchuk ⁴ABP, Inbinder JOSE, Ostilnik ANP, Iddleton BLM, et al., “Smart Forms ” in an Electronic Medical Record : Documentation-based Clinical Decision Support to Improve Disease Management, *Journal of the American Medical Informatics Association* , 2008, ed. 15(4), p. 17–20

³⁸Wilcox L, Using the Electronic Medical Record to Keep Hospital Patients Informed, *Sciences-New York* from <http://techhouse.brown.edu/~dmorris/publications/WishPatientDisplaysCHI 2010.pdf>, on 8 July 2021

³⁹Dinevski D; Bele U; arenac T., *Clinical Decision Support Systems, Studies in Health Technology and Informatics*, 2013, p. 105-183

without having to check the manual files one by one, making it easier for patients to make changes to doctors or hospitals.

The online system used for this medical record contains information that is collected on a single server and can be used by fellow 2013 users (who have been given access to open it) or what is often termed cloud computing. The National Institute of Standards and Technology (NIST), US Dept. of Commerce defines cloud computing as a model for convenience in accessing the network as needed in one data center. The type of service that is often used is Software as a Service (SaaS), where users can directly use the applications that have been provided and the infrastructure and platforms are managed by other parties. In the ITE Law, the management is called the Electronic System Operator, namely every person, state administrator, business entity, and community that provides, manages, and/or operate the Electronic System, either individually or jointly to users of the Electronic System for their own needs and/or the needs of other parties. If the management of online medical records involves a third party, the party using the management service is called the Operator user as regulated in the ITE Law, the Electronic System Operator Regulation. The Electronic System is also regulated in the Government Regulation of the Republic of Indonesia Number 82 of 2012 concerning the Implementation of Electronic Systems and Transactions, hereinafter referred to as PP PSTE.

While Indonesia does not yet have a law that specifically regulates electronic medical records, it turns out that several countries in the world have regulated this due to the desire of each country to protect the privacy of every citizen, including health history. The Ministry of Health of Singapore regulates the retention period of patient medical records in the Guidelines for The retention Periods of Medical Records 2015 which differentiates the storage period of online medical records and file forms. Each state of the United States also has rules about the storage of medical records in the Health Information Technology for Economic and Clinical Health Act) of the American Recovery and Reinvestment Act of 2009, California Confidentiality of Medical Information Act,

California Civil Code.⁴⁰ In December 2012, Austria issued a law that regulates electronic medical records is the Electronic Health Records Act (EHR-Act).⁴¹

According to Law Number 19 of 2016 concerning Amendments to Law Number 11 of 2008 concerning Information and Electronic Transactions (UU ITE) article 1 paragraph 3, "Information technology is a technique for collecting, preparing, storing, processing, announcing, analyzing, and/or disseminating information." and in paragraph 1 of the same article it is explained that,

"Electronic Information is one or a set of electronic data, including but not limited to writing, sound, pictures, maps, designs, photographs, electronic data interchange (EDI), electronic mail (electronic mail), telegram, telex, telecopy or the like, letters, processed signs, numbers, Access Codes, symbols, or perforations that have meaning or can be understood by people who are able to understand them."

Electronic medical record is a patient's lifelong medical record in electronic format about a person's health information written by one or more health workers in an integrated manner in every meeting between health workers and clients. Electronic medical records can be accessed by computers from a network with the main purpose of providing or improving efficient and integrated health care and services.⁴²

⁴⁰James Spruell; David Vicknair; Dochterman S, Report Information from ProQuest, Proquest,

⁴¹USF Health, Federal Mandates for Healthcare: Digital Record-Keeping Requirements for Public and Private Healthcare Providers, downloaded from <https://www.usfhealthonline.com/resources/healthcare/electronic-medical-records-mandate/> there is June 9, 2021

⁴²Ilia, Federal Act, which enacts a Health Telematics Act 2012 and amends the General Social Insurance Law, the Act on Social Security for Persons engaged in Industry, the Act on Social Security for Farmers, the Act on Health and Accident Insurance for Civil Servants, the Gene Technology Act and the Criminal Code (Electronic Health Records Act – EHRA), download from https://www.ilia.ch/wordpress/wp-content/uploads/2013/02/austrian_ehr-act_ILIA.pdf, on 04 July 2021

In an online system, data will be centralized in one container and users can access it without being dependent on only one device. The potential for this data to be opened by other parties is very open. Through the Government Regulation concerning PSTE, the government¹⁰⁴ has required the placement of a data center or Data Center (DC) and a disaster recovery center or Disaster Recovery Center (DRC) in the territory of Indonesia for the purposes of law enforcement, protection and enforcement of state sovereignty over the data of Indonesian citizens¹⁰⁵. However, this obligation only applies to public service providers. The explanation of the categories of public services is contained in different laws, namely Law Number 25 of 2009 concerning Public Services and Government Regulation Number 96 of 2012 concerning Implementation of Law Number 25 of 2009 concerning Public Services. This rule is important in discussing online medical records when a "disaster" occurs in the data system. The most basic thing is whether the electronic system operator has the authority to store medical records in an electronic data center.

Requests for medical records must be made in writing to the head of health service facilities as regulated in Article 10 paragraph 3 of the Minister of Health Regulation No. 269/2008, "Requests for medical records for the purposes as referred to in paragraph 2 must be made in writing to the head of health service facilities." In article 14 of the Minister of Health No. 269/2008 stipulates that, "Health care facility leaders are responsible for loss, damaged, falsified, and/or unauthorized use of medical records." In article 12 paragraph 4 of the Minister of Health No. 269/2008 it is also regulated regarding,

"The summary of media records as referred to in paragraph (3) can be given, recorded, or copied by the patient or person authorized or with the written consent of the patient or patient's family who are entitled to it."

The development of telemedicine has been able to make patients who are separated and located far away in one country can obtain health services from specialist doctors who are in other countries. Doctors using Telemedicine medical equipment can see digital images directly and even the transmission

of the patient's heart and breath sounds can be detected by the doctor (via audio signals from an electronic stethoscope), even though the two (doctor and patient) are in two far apart places. Supported by medical equipment that can convert video images into digital images, the use of Telemedicine has been widely used and applied in many countries in the world such as the United States, Greece, Israel, Japan, Italy, Denmark, the Netherlands, Norway, Jordan, Malaysia and India. Narayanan Hospital in Bangalore India, for example, has been able to provide health services to patients there, where patients and specialists do not have to meet in person, but rather the patient is in a rather comfortable small room, with 42 LCD monitors, a set of personal computers. (PC), then a patient who is in a health clinic in a rural area 600 Km from Bangalore City can communicate interactively with a specialist doctor who is in a hospital in Bangalore City via an LCD screen. Nurses working in a small hospital in a remote village can conduct remote consultations with specialist doctors in all major hospitals in India. If more detailed treatment is needed, then the patient is referred to a large and complete hospital. Generally this kind of technique is also known as teleconferencing. The Telemedicine system in India, has been able to connect hundreds of hospitals across India with small hospitals located in rural areas. With information and communication technology (ICT), they apply the concept of a doctor on duty who is ready to handle patient problems in remote handling units in large hospitals that have experts.⁴³The huge gap in the distribution of healthcare in India forces the Indian government to be quite responsive in utilizing this technology, as nearly 75% of Indians live in rural areas, while more than 75% of Indian doctors are based in cities, so most of the 620 million rural Indian population lack access to facilities. health services⁴⁴

⁴³ Telemedicine in Rural India, In <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1420376/>, Accessed 22 May 2021

⁴⁴ Sharon R. Klein And William L. Manning, Management Information of Health, The Journal of Healthcare Information Management Systems Society, Summer 1995. In Telemedicine and Law <http://www.netreach.net/~wmanning/telmedar.htm>, accessed May 22, 2021.

The United States Federal Government, has funded more than \$100 million in Telemedicine development projects. The funds are used by various agencies to establish a network program linking tertiary care hospitals with remote clinics at community primary health centers in geographically separated rural or suburban areas.

ATA (American Telemedicine Association) notes that its members now reach nearly 2,000 medical institutions covering 200 Telemedicine networks in the United States and it is estimated that half are actively providing patient care services every day.⁴⁵ Compared to the United States, the success of using Telemedicine in Malaysia is also no less advanced. Malaysia is one of the countries that has received praise from various parties, one of which is Leonard R. Graziplene, President of The Center for Rural Resurgence, Inc. Malaysia also now has a fully operational Telemedicine network from cities to remote areas. In Malaysia Telemedicine was instead built to be the first virtual private network of its kind in the world with national coverage. This network allows patients to access care from 37 service points (clinics, health centers and district hospitals) which are connected to four major hospitals.⁴⁶

Although it has various benefits, in the United States and a number of other countries the use of the RME or Electronic Medical Record (EMR) system is very little, only 15-20 percent of doctors adopt the EMR system and 20-25 percent of hospitals, this is due to the use of the EMR system. EMR systems require high costs (requires a larger investment than per RM, for hardware and software and support costs), lack of certification and standardization, concerns about privacy and concerns over who will finance the EMR system.

In 2003, RAND Health Information Technology (HIT) began conducting a study to better understand the role and importance of EMR in improving health services and informing the

⁴⁵ ATA (American Telemedicine Association), in <http://www.americantelemed.org/i4a/> accessed 22 May 2021

⁴⁶ Leonard R. Graziplene, 2001. *Creating Telemedicine-Based Medical Networks for Rural and Frontier Areas*, at www.businessofgovernment.org, accessed 22 May 2021, see also Julian Matthews, "Telemedicine Network Operational." July 2001, in <http://www.openmed.com/Telemedicine%20Network%20Operational.htm>

government to maximize the benefits of EMR and increase its use. The results of research conducted by Richard et al, among others:⁴⁷

1. Increased productivity: the use of an EMR system can reduce costs
2. Efficiency: EMR system adopted, can reduce existing resources to improve service quality
3. Reducing the incidence of drug side effects in inpatient and outpatient care
4. Use of HIT for short-term preventive care. EMR systems can integrate evidence-based recommendations for prevention services (such as screening exams) with patient data (such as age, gender, and family history) to identify patients who need specific services. The system can alert service providers to offer services during routine visits and alert patients to treatment schedules. Using HIT for short-term chronic disease management. EMR systems can be instrumental during the disease management process (for high-risk patients, case management systems help coordinate workflow, including communication between specialists and patients)

Federal and state governments, insurance companies, and other large medical institutions strongly promote adoption of electronic health record. The US Congress included a formula of both incentives (up to \$44,000 per doctor under Medicare, or up to \$65,000 for six years under Medicaid) and penalties (i.e. decreased Medicare and Medicaid reimbursement for physicians who failed to use EMR in 2014 for patients who covered) for the adoption of EMR/EHR versus the continued use of paper records as part of the Health Information Technology Act for Economic and Clinical Health (HITECH), which was enacted as part of American Recovery and Reinvestment Act 2009.⁴⁸

Adopt EHR from all physicians in the US. Source: DesRoches et al. (2008). *The 21st Century*

⁴⁷ *Ibid.* p.34

⁴⁸ Departemen Kesehatan AS dan Pusat Layanan Kemanusiaan untuk Layanan Medicare & Medicaid 42 CFR Bagian 412, 413, 422 dkk. Program Medicare dan Medicaid; Program Insentif Rekam Kesehatan Elektronik; Aturan Terakhir

Cures Act, passed in 2016, prohibits blocking of information, which has slowed interoperability.⁴⁹In 2018, the Trump administration announced the MyHealthEData initiative to better enable patients to receive their health records.⁵⁰

In the United States, the CDC reports that the EMR adoption rate continued to increase to 48.3 percent at the end of 2009.⁵¹This is an increase compared to 2008 when only 38.4% of office-based physicians reported using fully or partially the electronic medical record system (EMR) in 2008. However, the same study found that only 20.4% of all physicians reported using the electronic medical record system (EMR). The system is described as a minimally functional system and includes the following features: order for a prescription, order for a test, view laboratory or imaging results, and record clinical progress. In 2013, 78 percent of office physicians used basic electronic medical records.¹As of 2014, more than 80 percent of hospitals in the US had adopted some type of EHR. Even within the hospital, the types of data and the mix of EHRs vary widely. The types of EHR data used in hospitals include structured data (e.g., drug information) and unstructured data (e.g., clinical notes).

The use of electronic medical records may vary depending on who the user is and how they use it. Electronic medical records can help improve the quality of medical services provided to patients. Many doctors and office-based physicians refuse to get rid of traditional paper records. Harvard University has conducted an experiment in which they tested how doctors and nurses use electronic medical records to keep their patients' information up to date. Studies find that electronic medical

records are very useful; a doctor or nurse can find patient information quickly and easily by simply typing their name; even if it's misspelled.

The use of electronic medical records is increasing in some workplaces because of the ease of use of the system; while the president of the Canadian Association of Family Practice Nurses says that using electronic medical records can be time consuming, and not very helpful because of the complexity of the system.⁵²Beth Israel Deaconess Medical Center reports that doctors and nurses prefer to use the much more user-friendly software because of the difficulty and time it takes for medical staff to enter information and find patient information. A study was conducted and the amount of information recorded in the EMRs was recorded; approximately 44% of patient information is recorded in the EMR. This shows that EMR is not very efficient most of the time.

The cost of implementing an EMR system for smaller practices has also been criticized; data produced by the Robert Wood Johnson Foundation shows that the first year investment for a five-person practice is on average \$162,000 followed by approximately \$85,000 in maintenance costs.⁵³Nonetheless, stricter regulation of meaningful use criteria and national laws (Health Information Technology for Economic and Clinical Health Act and Affordable Care Act) have resulted in more doctors and facilities adopting EMR systems.

Beyond financial concerns, there are a number of legal and ethical dilemmas posed by the increased use of EMR, including the risk of medical malpractice due to user error, server disruptions that render EMR inaccessible, and increased vulnerability to hackers.⁵⁴

Electronic medical records, like other medical records, must be kept in an unaltered form and

⁴⁹Black JR, Hulkower RL, Ramanathan T (2018-08-22). "Pemblokiran Informasi Kesehatan: Tanggapan Berdasarkan Undang-Undang Penyembuhan Abad 21". *Laporan Kesehatan Masyarakat* . 133 (5): 610–613. doi : 10.1177/0033354918791544 . PMC 6134556 . PMID 30134128

⁵⁰ "Administrasi Trump Mengumumkan Inisiatif MyHealthEData di HIMSS18 / CMS" . *www.cms.gov* . Retrieved July 25, 2021

⁵¹Hsiao C, dkk. (8 Desember 2010). "Rekam Medis Elektronik/Sistem Rekam Kesehatan Elektronik dari Dokter Berbasis Kantor: Amerika Serikat, 2009 dan Perkiraan Negara Awal 2010" . NCHS Kesehatan E-Stat . CDC/Pusat Statistik Kesehatan Nasional . Retrieved July 31, 2021

⁵²Bleich HL, Slack WV (Januari 2010). Refleksi pada rekam medis elektronik: kapan dokter akan menggunakannya dan kapan tidak. *Jurnal Internasional Informatika Medis* . 79 (1): 1-4. doi : 10.1016/j.ijmedinf.2009.10.002

⁵³Millman J. "Catatan kesehatan elektronik seharusnya ada di mana-mana tahun ini. Tidak—tapi tidak apa-apa" . *Washington Post*. Accessed August 1, 2021

⁵⁴Sittig DF, Singh H (April 2011). "Dilema hukum, etika, dan keuangan dalam adopsi dan penggunaan catatan kesehatan elektronik" . *Pediatrics*. 127(4): e1042–7. doi:10.1542/peds.2010-218

authorized by the manufacturer.¹Under data protection laws, the responsibility for patient records (regardless of the form in which they are stored) always rests with the record maker and custodian, usually a health care practice or facility. This role has been said to require changes in such a way that the only ²⁰medico-legal records must be kept elsewhere. Physical medical records are the property of the medical provider (or facility) that prepared them. This includes film and tracing of diagnostic imaging procedures such as X-ray, CT, PET, MRI, ultrasound, etc. However, the patient according to HIPAA, has the right to view the original, and to obtain a copy ⁸³der the law.

The Health Information Technology Economics and Clinical Health Act (HITECH) defines meaningful use ²f the adoption of interoperable EHRs in the health care system as a critical national goal and encourages EHR adoption. The goal is not just adoption but 'meaningful use' of EHRs—that is, their use by service providers to achieve significant improvements in care.⁵⁵

Title IV of the law provides maximum incentive payments for Medicaid to those who adopt and use a \$63,750 “certified EHR” for 6 years starting in 2011. Eligible professionals must start receiving payments in 2016 to be eligible for the program. For Medicare, the maximum payout is \$44,000 over 5 years. Physicians who do not adopt an EHR in 2015 will be penalized at 1% of Medicare payments, increasing to 3% over 3 years. To receive the EHR stimulus money, Invite-Invite HITECH require physicians to demonstrate “meaningful use” of the EHR system. As of June 2010, there is no penalty provision for Medicaid.

Health information exchange (HIE) has emerged as a core capability for hospitals and clinicians to achieve “meaningful use” and receive stimulus funding. Healthcare vendors are pushing HIE as a way to enable EHR systems to pull in disparate data and functions at a more interoperable level. Starting in 2015, hospitals and doctors will be subject to financial penalties under Medicare if they do not use electronic health records.⁵⁶

⁵⁵Blumenthal D, Tavenner M (2010). Peraturan "penggunaan yang berarti" untuk catatan kesehatan elektronik. *Jurnal Kedokteran New England*. 363(6):501–4. doi:10.1056/NEJMp100611

⁵⁶Pear R (13 Juli 2010). AS Mengeluarkan Aturan tentang Catatan Kesehatan Elektronik". *The New York Times*

Procedures ⁸⁷r the Implementation of Telemedicine Medical Records

In the Regulation of the Minister ⁹⁶ of Health Number 20 of 2019 what is meant by Telemedicine is the provision of long-distance health services by health professionals using information and communication technology, including the exchange of information on diagnosis, treatment, prevention of disease and injury, research and evaluation, and continuing education of health service providers, for the benefit of improving individual and community health. Telemedicine services between health care facilities, hereinafter referred to as Telemedicine Services, are Telemedicine carried out between one health service facility and another in the form of consultations to establish diagnosis, therapy and/or disease prevention.

1. Consulting Health Facilities are Health Facilities that receive requests and provide Telemedicine consulting services, Health Facilities requesting Consultation are Health Facilities that send requests for Telemedicine consultations.

2. *Expertise* are the results of analysis and conclusions by specialist doctors/subspecialist doctors and/or other experts related to the reading of images, images or photos originating from medical supporting examinations, and documents of other examination results used to support the patient's diagnosis.

Telemedicine services are carried out by health workers who have a practice license at the Health Service Provider. Telemedicine services consist of teleradiography, teleelectriccardiography, teleultrasonography, clinical teleconsultation and other Telemedicine consulting services in accordance with the development of science and technology. The Consulting Health Service Facility is a hospital, the hospital as referred to is a hospital owned by the Central Government, regional government, and private sector that meets the requirements. The health facilities requesting consultation are hospitals, first-level health facilities and other health facilities.

The consulting health facility has the following duties:

a. Determine human resources in implementing Telemedicine Services;

- b. Establish standard operating procedures for Telemedicine Services through the decision of the head/director of the hospital;
- c. Documenting Telemedicine services in medical records in accordance with the provisions of laws and regulations; and
- d. Respond to any complaints/suggestions/criticisms on Telemedicine services from Health Facilities Requesting consultation

The health facility requesting consultation has the following duties:

- a. Determine human resources in implementing Telemedicine Services;
- b. Establish standard operating procedures for Telemedicine Services through the decision of the health facilities leadership
- c. Documenting Telemedicine services in medical records in accordance with the provisions of laws and regulations; and
- d. Providing Telemedicine services in accordance with the cooperation agreement.

The Ministry of Health issued Regulation of the Minister of Health Number 20 of 2019 as an effort to realize safe, quality, anti-discriminatory, and effective telemedicine services and prioritize the interests and safety of patients. Telemedicine services are carried out by health workers who have a license to practice in health service facilities (fasyankes) which consist of teleradiology services, teleelectrocardiography, teleultrasonography, clinical teleconsultation, and other telemedicine consulting services in accordance with the development of science and technology.

Types of Telemedicine Services

According to Article 2 of the Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services between Health Service Facilities, Telemedicine Services are carried out by health workers who have a license to practice at the health facility organizer. According to Article 2 of the Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services between Health Service Facilities, Telemedicine Services are carried out by health workers who have a license to practice at the health facility organizer.

Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities. According to Article 3 of the Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities, there are 5 Telemedicine services that can be provided, namely:

- a. Teleradiology; diagnostic radiology services using image-based electronic transmission from all radiology modalities along with supporting data from the Consultation Requesting Health Facility to the Consulting Health Service Provider to obtain accuracy and accuracy in establishing a diagnosis
- b. Teleelectrocardiography; Electrocardiography services using electronic transmission of images from the Health Service Center requesting the Consultation to the Consulting Health Service Provider
- c. Teleultrasonography; obstetric ultrasound service using electronic transmission of images from the health facility requesting the consultation to the health facility providing the consultation
- d. Clinical teleconsultation; remote clinical consultation services to assist in establishing a diagnosis, and/or provide management considerations/advice in writing, voice, and/or video and must be recorded and recorded in the medical records of other Telemedicine consulting services in accordance with the development of science and technology

According to Article 6 of the Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities, Telemedicine services that can be provided are:

- (1) The Consulting Health Facilities as referred to in Article 5 are in the form of a hospital.
- (2) The hospital as referred to in paragraph (1) is a hospital owned by the Central Government, Regional Government, and private sector that meets the requirements.
- (3) The Health Facilities Requesting Consultation as referred to in Article 5 are

in the form of hospitals, first-level Health Facilities, and other Health Facilities.

According to Article 7 of the Regulation of the Minister of Health of the Republic of Indonesia Number 20 of 2019 concerning the Implementation of Telemedicine Services Between Health Service Facilities:

(1) The Consulting Health Facilities as referred to in Article 5 have the following duties:

- a) determine human resources in implementing Telemedicine Services;
- b) set standard operating procedures
- c) Telemedicine services through the decision of the head/director of the hospital;
- d) documenting Telemedicine Services in medical records in accordance with the provisions of laws and regulations; and respond to any complaints/suggestions/criticisms on Telemedicine Services from the Health Facilities Requesting Consultation.

(2) The Health Facilities Requesting Consultation as referred to in Article 5 have the following duties:

- a) determine human resources in implementing Telemedicine Services;
- b) establish standard operating procedures for Telemedicine Services through the decision of the Health Facilities leadership;
- c) documenting Telemedicine Services in medical records in accordance with the provisions of laws and regulations; and
- d) provide Telemedicine services in accordance with the cooperation agreement.

Regarding health service activities through telemedicine, health services that can be provided through telemedicine include:

a. Communication, Information and Education Consultation(KIE)

In this case, it is a form of health effort to seek health information such as a healthy lifestyle, information related to Covid-19 and other health information. This service is carried out by medical and health workers.

b. Clinical consultation

In this case, health services provided by doctors through telemedicine include:

1. History, including chief complaint, accompanying complaints, disease history,

risk factors, family information and other information asked by the doctor.

2. Certain physical examinations are carried out through audio-visual.
3. Giving advice/advice needed based on the results of supporting examinations or the results of certain physical examinations.
4. Diagnosis is made based on the results of the examination obtained from the anamnesis, physical examination, or supporting examinations.
5. Management and treatment of patients, is carried out based on establishing a diagnosis which includes non-pharmacological and pharmacological management, as well as medical actions against patients/families according to the patient's medical needs. In the event that medical action or further management is required, the patient is advised to carry out a follow-up examination to a health care facility.
6. Writing prescriptions for drugs/medical devices is given to patients according to the diagnosis, with the following conditions:
 - a) Doctors who write electronic prescriptions for drugs and/or medical devices must be responsible for the content and effects that may arise from drugs written in electronic prescriptions. A copy of the electronic prescription must be kept in printed and/or electronic form as part of the medical record document.
 - b) Electronic prescribing of drugs and/or medical devices can be done privately or openly.
 - c) Closed electronic prescribing is done through an application from a doctor to a pharmaceutical service facility.
7. Issuance of a referral letter for examination or further action to a laboratory or other health care facility according to the results of patient management.
8. Support Examination

It is a continuation of clinical consultation, supporting examinations are carried out through laboratory tests. Laboratory examination through telemedicine either at the request of the doctor or at the request of the patient himself. Patients can visit

laboratories or health care workers who make visits.

c. Telepharmaceutical services

Telepharmacy is a pharmaceutical service through the use of telecommunications and information technology to patients remotely or does not require face-to-face contact. Implemented with the provisions, electronic prescription services, pharmacists communicate with prescribers to confirm, and pharmaceutical preparations, medical devices can be delivered to patients through delivery by pharmacy service facility officers or through delivery services.

The existence of telemedicine services, distribution of health information can take place more quickly. As long as there is internet access and smart phones, everyone can get health information, health services, drugs, diseases, etc., so that people can take early prevention or get treatment for their illness.

Paramedics in clinics and puskesmas usually only consist of general practitioners, dentists, and midwives. In fact, patients with certain diseases require a consultation or diagnosis from a special doctor who is currently usually found in large hospitals. In addition to having to bother taking patients to large hospitals, of course there are additional costs and it takes more time to queue. With telemedicine services, clinics and health centers have the opportunity to provide special doctor services online. Patients can also get direct directions from special doctors more quickly.

The existence of telemedicine services, doctors can directly direct patients to be taken to which referral hospital. Patients and families no longer need to bother going to the clinic just to look for referrals. With just a smartphone access, the doctor in the telemedicine application will direct which hospital is the right one to treat the patient. Telemedicine can direct you quickly and precisely, which hospital is right for patients with certain diseases.

V. CONCLUSION

Based on the discussion, it is concluded as follows 1)The legal principles of hospital telemedicine include pprinciples of Information and Communication Technology (ICT) utilization,

the principle of state and community responsibility, the principle of competence, integrity, and quality, the principle of equality, good faith, independence, and volunteerism as well as legal certainty and the principle of data security and confidentiality as well as standardization, the principle of patient autonomy and freedom to choose technology or technology neutral and the principle of patient interest is prioritized, data protection, IT forensics, best practices, and legal audit standards as well as justice and legal protection principles 2) medical record regulation different countries, namely Indonesia and America. Indonesia does not yet have a law that specifically regulates electronic medical records. Apart from the ITE Law. Law Number 36 of 2009 concerning Health, while in America it has been regulated in all aspects of administering medical records; 3) Telemedicine Medical Record Procedures are explained in the Minister of Health Regulation Number 20 of 2019 which means Telemedicine is the provision of remote health services by health professionals using information and communication technology, including the exchange of information on diagnosis, treatment, disease p₉₃vention, and injury, research and evaluation, and continuing education of health service providers for the benefit of improving individual and community health and 4) Telemedicine services between health care facilities,

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