



Settlement of Patient Data Protection Disputes in Hospitals According to Law Number 27 of 2022 concerning Personal Data

Desi Sasmiwati¹, Adi Herisasono², Yeni Vitrianingsih³, Rommy⁴

^{1,2,3,4}Sunan Giri University Surabaya, Indonesia

Abstract: This study was conducted because there were several doubts about the security of patient personal data in the implementation of electronic medical records; leaks that were worried included, first, insurance applications requiring the transmission of patient data using electronic communication, second, patient data leakage through human resources at health facilities who deliberately photographed or provided patient data to other parties, and third, the occurrence of system leaks, one of which was due to a virus. This research aims to resolve disputes over patient data protection in health facilities by law Number 27 of 2022 Article 4 paragraph 2 concerning personal data protection. The research method used in this study is an empirical law approach. Based on the results of the study, it can be concluded that the protection of patient privacy data in the process of applying for insurance/guarantee at Health Service Facilities has been protected by law, and this is legally done in the process made well with a sophisticated system, even recently there has been a special electronic message for health facilities called to restore. Indeed, not all health facilities can use it.

Keywords: ID, Password, Periodic Socialization.

1. Introduction

Health Service Facilities, hereinafter referred to as Health Facilities according to Law of the Republic of Indonesia No. 17 of 2023 Article 1 point 10, are places and/or tools used to provide Health Services to individuals or the community with a promotive, preventive, curative, rehabilitative, and/or palliative approach carried out by the Central Government, Regional Governments, and/or the community. All health services carried out at Health Service Facilities are recorded in the Medical Record (Hasanah, 2021).

Medical Record, according to the Decree of the Minister of Health of the Republic of Indonesia Number 377/Menkes/SK/III/2007 concerning the Medical Recorder Profession and Health Information, is a set of files containing records and documents about the patient's identity, examination, treatment, actions and other services that have been provided to the patient. Every patient who goes to a hospital or other health facility, both outpatient and inpatient and all examination actions carried out on the patient must be recorded in the patient's medical record (Sethi et al., 2019). The results of supporting examinations, both laboratory, radiology, and other supporting examinations, are also stored in the patient's medical record so that the patient's disease history is stored and recorded properly as the basis for further treatment. The development of digital technology in society has resulted in the transformation of the digitalization of health services so that medical records need to be held electronically with the principles of data and information security and confidentiality (Alvarez et al., 2022). The birth of the Minister of Health Regulation No. 24 of 2022 Chapter II Article 3 concerning Medical Records replaces the Minister of Health Regulation No. 269 of 2008 concerning Medical Records, causing health service facilities to be required to provide electronic medical records (Choi et al., 2016).

Electronic Medical Record is the use of information technology devices for collecting, storing, processing and accessing data stored in patients' medical records in hospi-

Correspondence:

Name: Desi Shammiwati

Email: desysas@yahoo.com

Received: Feb 26, 2025;

Revised: Mar 01 2025;

Accepted: Mar 06, 2025;

Published: Apr 30, 2025;



Copyright: © 2025 by the authors.

Submitted for possible open access publication under the terms and conditions of the Creative Commons

Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0) license (

<https://creativecommons.org/licenses/by-nc/4.0/>).

tals in a database management system that collects various sources of medical data (Bloomfield et al., 2021). Electronic medical records are medical records made using an electronic system intended to implement medical records. Based on Government Regulation of the Republic of Indonesia number 82 of 2012 concerning the Implementation of Electronic Systems and Transactions Article 1, Electronic systems are a series of electronic devices and procedures that function to prepare, collect, process, analyze, store, display, announce, transmit, and or disseminate electronic information.

Based on Law (UU) Number 27 of 2022 concerning Personal Data Protection, Article 1 paragraph 2 of personal data protection is an overall effort to protect personal data in a series of personal data processing to ensure the rights and constitutionality of personal data (Hildenbrand et al., 2018). Therefore, every electronic system operator must operate the electronic system reliably and safely and be responsible for the operation of the electronic system as it should.

According to Law of the Republic of Indonesia No. 17 of 2023 CHAPTER II Rights and obligations part one of Article 4 paragraph (1), everyone has the right to (i) obtain the confidentiality of their personal health data and information. In the field of health services, patients' personal data is also inseparable from the possibility of misuse. It will be even more dangerous if the personal data is a track record of the patient's medical record, which is indeed very confidential (Park et al., 2020). The use of Information and Communication Technology (ICT) in health services aims to improve access, efficiency, effectiveness, and quality of medical processes involving medical service organizations in hospitals, clinics, health centers, medical practitioners, both doctors and therapists, laboratories, pharmacies, and insurance also involve patients as consumers (Farooq et al., 2022). However, the service process using the E-health program will collect a number of consumer personal data, which is sensitive personal data, and raises new legal problems, namely the extent to which health service providers can protect patients' data can be accessed and disseminated more easily through ICT advancements.

In recent years, there has been a lot of patient data leakage in healthcare facilities; this issue has been troubling to the public and the government. The Ministry of Health stated that it was investigating this alleged data leak; Chief Digital Transformation Officer of the Ministry of Health, Setiaji, said that his party was assessing the problems and evaluating the system (Minister of Health Regulation No. 11 of 2017 Concerning Patient Safety, 2017). For example, we have heard that there is a fraud issue; the patient's family is contacted by an irresponsible party who states that several bills must be paid at the hospital by the transfer method. From this the author thinks that there is leaked patient data so that the irresponsible party takes advantage of it to take advantage of it (Sari et al., 2020).

Based on the author's experience, there are health workers who deliberately take photos of patients' medical records and give them to irresponsible parties. The third experience is that in the process of collecting data on patients, several patients express concern about the leakage of their Medical Record data because, in the current era, a sample of insurance application for action is sent by health facility officers to the insurance company via electronic message, where the patient's medical history along with the ID card is attached to the message (Kintu et al., 2021).

The purpose of this research is to resolve disputes over patient data protection in health facilities in accordance with Law Number 27 of 2022 Article 4, paragraph 2 concerning personal data protection. This research is expected to enrich scientific discourse, especially in health law, by finding the meaning of patient safety value for patient data protection in electronic medical records.

2. Materials and Methods

Legal research consists of normative or doctrinal and empirical or non-doctrinal legal research. Soerjono Soekanto argued that normative and empirical legal research can be carried out separately or combined, but some are firmly separated between the two. The benchmark for analysis to be used is to see the difference between the two types of legal

research in terms of approach, objectives, and types of data used. The type of research used by the author is empirical law research (Kuntadi, 2022). According to Ronny Hanitijo Soemitro, empirical legal research is legal research that obtains data from primary data or data obtained directly from the public. Empirical research is based on reality in the field or through direct observation. The type of research used in this writing is analysis, which is the process of decomposing a research object, both material and phenomena, into smaller parts so that it is easier to understand.

In legal research, two types of data are needed: the first type of data is referred to as primary data, and the second type of data is called secondary data. Primary data in legal research is obtained mainly from empirical research results, namely research conducted directly in society. Primary data sources are taken from the source or the field through interviews with interested parties or respondents who can provide information about the research problem—secondary data functions as a complement or support for primary data. According to Soerjo Soekamto, it is stated that secondary data is data that includes, among other things, official documents, books, and even research results that are reported.

The technique of searching for legal materials used by the author to obtain the necessary data is library research. In this study, secondary data was collected using literature studies, which is a method used in collecting data through written data using analytical content.

This research was carried out using a statute approach to examine all laws and regulations related to the issues to be discussed (Marzuki, mentioned in his book in 2019). In this case, the laws and regulations that are examined are related to Medical Records in the field of information and electronic transactions. Through this approach, the form of consistency and suitability of laws and regulations can be examined and it is hoped that an input can be taken in solving problems in the field. Legal research sources can be divided into primary legal materials and secondary legal materials. Qualitative data analysis is carried out interactively and lasts continuously until completion. The data analysis used by the researcher is the data analysis of the Miles Huberman model, which includes data reduction, data display, conclusion drawing, and verification.

3. Results and Discussion

In 2022, the minister of health, through metric regulation number 24 of 2022 concerning electronic medical records, explained that hospitals, clinics, and hospitals must use an electronic documentation system. The change of the system from manual to electronic recording faces many obstacles ranging from human resources (human resources) to the system used. Changing doctors' habits to switch from manual to electronic recording takes time and an approach of its own, not to mention facing system disruptions. The more sophisticated the system created by the Hospital, the easier it will be for Hospital staff to open many things in the patient's medical record, especially for health workers; both doctors and nurses can easily track the patient's personal data or health history, the question that arises is whether medical staff have awareness for patient data protection, especially in large hospitals that are filled with middle and upper-class patients. There are officials or public figures who are treated in hospitals where their privacy must be completely maintained (Motsumi et al., 2020). Another thing that has changed in supporting electronic medical records is communication with health insurance/insurers using electronic messages, easily transmitting patient data through electronic media, both general data (personal data) and patient disease history. This also makes doubts for patients whether it is okay to provide patient data to the insurance/guarantor, whether there is a leak when releasing patient data from the hospital to the guarantor/insurer, and again whether human resources in the insurance department also have an awareness of patient data protection (Stansfeld et al., 2021).

According to Article 26 paragraph (6) of the Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records, the contents of the medical record consist at least of the patient's identity, the results of physical examinations and supporting

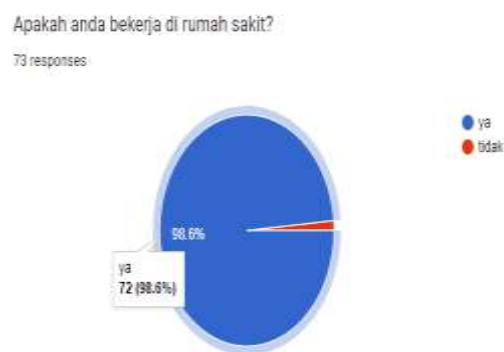
examinations, diagnosis, treatment, and follow-up plans for health services, the names and signatures of health workers who provide health services (Akintola et al., 2016). This means that electronic medical records store a lot of personal data that can be said to be confidential. The hospital admin officer conveys the release of personal data via electronic message for the billing process to the insurance or guarantor; the medical records department also provides the patient's personal data to the local health office for the reporting process (Continuity and Coordination of Care: A Practice Brief to Support Implementation of the WHO Framework on Integrated People-Centred Health Services, 2018).

Based on this, the author made a questionnaire to be given to staff working at the hospital at random to assess what is actually an obstacle so that doubts about the protection of patient personal data can occur to patients or visitors to the hospital.

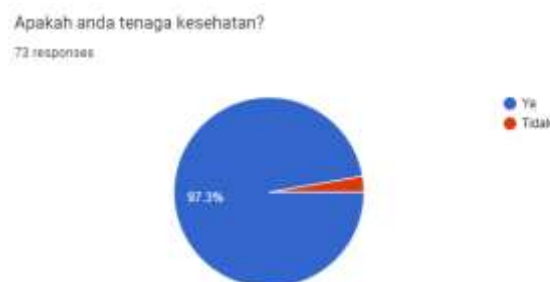
Hospitals experience many obstacles in the process of switching medical records from hard copies to electronic medical records. The obstacles consist of Human Resources and a system of electronic medical records. The obstacle from human resources is the lack of awareness for hospital staff or visitors because there are still incidents where staff take photos of electronic medical record data for personal interests and give it to other parties because there is still a lack of knowledge about Law No. 27 of 2022 concerning personal data protection, hospital staff who state that they do not know and do not receive regular socialization about the medical record system electronic (Madaninabawi & Hafidz, 2021). This causes losses to patients or hospitals because of the leakage of patient data, both material losses and public views; another thing that was found is that there are staff lending passwords and users to other staff in operational implementation because of the busyness or full work routine, staff do not understand that lending passwords and usernames to other staff can create confusion about the identity of staff who access patient data if they trace the leak data (Ariyanda & Arifyani, 2020).

Based on the questionnaire that the author distributed to 74 hospital staff, the following results were obtained:

73% work in Hospitals



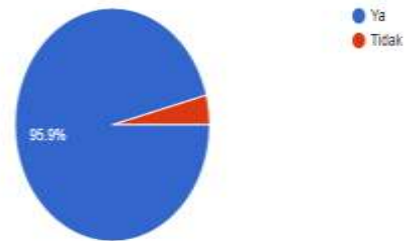
97.3% are health workers



95.9% work in hospitals that use electronic data input systems

Apakah ditempat anda bekerja menggunakan sistem input data elektronik?

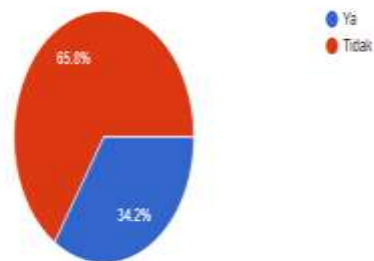
73 responses



34.2% have sent patient data to other parties with an electronic system (wa/email/photo)

Apakah ada pernah mengirimkan data pasien ke pihak lain dengan sistem elektronik (wa/email/foto)?

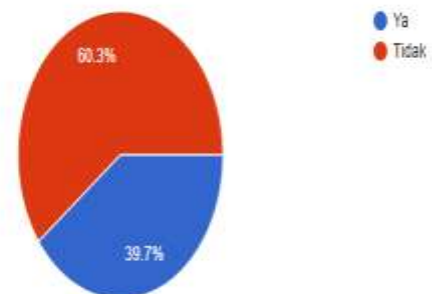
73 responses



39.7% have taken photos of patient data

Apakah anda pernah melakukan foto data pasien?

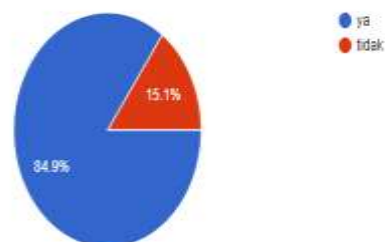
73 responses



84.9% have a user ID and password at work for patient data input

Apakah anda mempunyai user ID dan password di tempat kerja untuk penginputan data pasien?

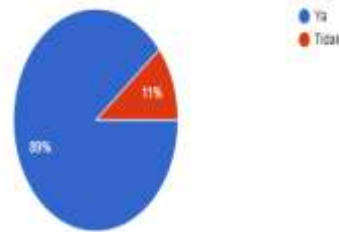
73 responses



89% had heard of it. Legal sanctions for disseminating/providing patient data to other parties

Apakah anda pernah mendengar. Sanksi hukum jika menyebarkan/ memberikan data pasien ke pihak lain?

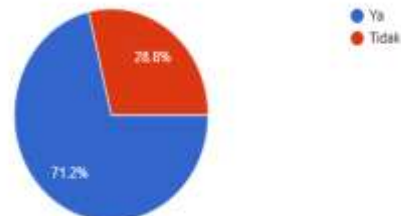
73 responses



71.2% received regular socialization about the electronic medical record system

Apakah ditempat anda bekerja ada sosialisasi secara berkala tentang sistem elektronik medikal record?

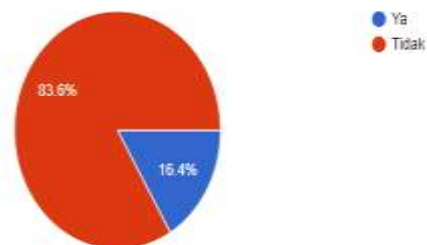
73 responses



16.4% have seen a friend document patient data and disseminate it to others

Pernahkan anda melihat teman anda mendokumentasikan data pasien dan menyebarkan ke pihak lain ?

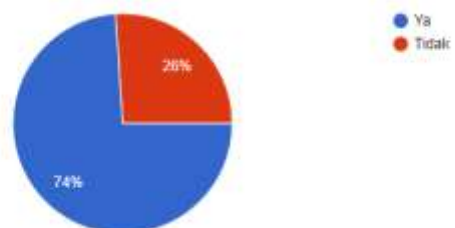
73 responses



74% have heard that personal data is protected by Law No. 27 of 2022 concerning personal data protection

Apakah anda pernah mendengar jika data pribadi di lindungi oleh UU? UU no 27 tahun 2022 tentang perlindungan data pribadi?

73 responses



This data proves that the awareness of human resources working in hospitals for patient data protection still needs to be improved. The second is the problem of the system is an intruder in the system co, mainly known as a computer virus. The purpose of

this virus is to damage and infiltrate computer systems through emails, internet downloads, or detected programs (Chen et al., 2016). This computer system uses a network system, which is one unit with the device system in the computer; this can result in patient data leakage. Some of these things cause anxiety about the leakage of patient data in the hospital.

It is undeniable that the extraordinary pace of technological development in the digital era, like today, has indeed had a lot of positive impacts. But behind all the advantages, something is also believed to bring negative things. On the one hand, technology is able to deliver extraordinary speed of information distribution. With a single click. However, on the other hand, a peek at crimes that have evolved in the form of cybercrime. One of the most popular cyber crimes is data leaks.

Constraints from the system (network) of electronic medical records. One of them that we know is Malware (Malicious Software) a program that is specifically designed to damage by infiltrating computer systems. The infiltration can enter through email, internet downloads, or infected programs. Despite the sophistication of data security technology that still exists, humans still occupy a position in maintaining data security. Digital platform users must be aware that their data is a valuable asset (Pratomo et al., 2023). So, in carrying out activities in the digital world, the principle of caution is very important. For example, when filling out online forms to public institutions and private parties for various purposes.

Again, human caution is important because the perpetrator can steal data by manipulating the victim's psychology. Data theft by manipulating the victim's psychology cannot be prevented even with advanced technology. For example, many malware links are currently sent via email, text messages, or WA with very interesting captions. When the target follows the link provided, the malware that the perpetrator has prepared can be inserted into the target's computer or server.

The perpetrator can then control the malware that this perpetrator has inserted to unlock access to your device. With open access, the perpetrator can open the data on your computer network of data storage computers. Malware can also cause damage to computer systems and allow information theft (Nugraha et al., 2022). So, we must be careful in accessing websites that look suspicious or opening emails from unknown senders. This is because both are the most popular methods to spread malware, so data security becomes weak and has the potential to leak.

One type of malware that is dangerous is spyware. According to one of the world's leading antivirus vendors, Kaspersky spyware is software designed to enter computers. Spyware has the ability to collect users' personal data and send it to third parties without the user's consent. Based on the data above, we can conclude that most data leaks are caused by users or human resources, either intentionally or unintentionally (de Reuver et al., 2021).

Indonesia's current life expectancy in 2024 is 72.50 years, an increase of 0.24% from 2023. Various ways are done to increase the life expectancy of Indonesians, in addition to regulating a healthy lifestyle through routine medical check-ups so that people will be more concerned about their health status. Considering that medical costs are increasing day by day, many hospitals collaborate with insurance or guarantees in carrying out administrative processes, both office insurance and individual insurance, where in the current era, everyone has a strong awareness of health (Ayisa et al., 2021). In the process of reporting or submitting guarantees between the Hospital and insurance/guarantee, one of the processes carried out is by sending the patient's health files, both physical examinations and supporting examinations needed to get guarantees. The thing that is worried is that there will be data leaks during the process of releasing medical data to the insurance company.

What is meant by insurance According to Law number 40 of 2014, insurance is an agreement between two parties, namely the insurance company and the policyholder, which is the basis for the receipt of premiums by the insurance company in exchange for:

(a) Provide reimbursement to the insured or policyholder for losses, damages, costs incurred, loss of profits, or legal liabilities to third parties that may be suffered by the insured or policyholder due to the occurrence of an uncertain event or (b) Providing payments based on the death of the insured or payments based on the life of the insured with benefits whose amount has been determined and/or based on the results of fund management

Reviewed based on the provisions of the Personal Data Protection Law, insurance companies can be interpreted as personal data controllers, namely every person, public body, and international organization that acts individually or jointly in determining the purpose and exercising control over the processing of personal data, Referring to the reading of Article 55 paragraph (1) of the Personal Data Protection Law stipulates that the personal data controller can transfer personal data to other personal data controllers within the jurisdiction of the Republic of Indonesia (Wantu et al., 2021). The transfer includes the processing of personal data. The transfer of personal data is notified to the subject of personal data. In addition, the controller of personal data must also pay attention to: (a) The data controller must have explicit valid consent from the personal data subject through written or recorded consent electronically or non-electronically for one or more specific purposes that the personal data controller has conveyed to the personal data subject. (b) An agreement clause in which a request for the processing of personal data does not contain explicit valid consent from the subject of personal data is declared null and void. (c) In carrying out the processing of personal data, the personal data controller is required to show proof of consent that the personal data subject has given.

So, based on the above provisions, insurance companies that transfer and/or disseminate consumer personal data must obtain and show proof of consent from the consumer concerned. In addition, there are also criminal sanctions for anyone who deliberately and unlawfully discloses personal data that does not belong to them and is sentenced to a maximum of 4 years in prison and/or a maximum fine of IDR 4 billion. So, the insurance or guarantor is allowed to process the guarantee by opening the patient's health data because the policyholder and the insurer have already approved it. However, in the event of a leak, legal sanctions will still be imposed in accordance with the Personal Data Protection Law number 27 of 2022.

Mostly, data leak incidents also occur due to human error. For example, some employees accidentally send sensitive information or publish it online. Hit the "reply all" button in an email with hundreds of people in it when you want to send confidential information. This can also happen when staff create publicly available databases and search engines, which is a condition when confidential information is leaked, and anyone can gain access until it is locked back. When this error occurs, those who want to hack into the system will print out the confidential information to use for personal gain. All accidental data leaks still result in the same penalties and reputational damage. The second possibility that occurs is that the staff deliberately publishes the patient's personal data.

Based on the researcher's experience, it was found that staff in the hospital deliberately took photos of patients' electronic medical records for personal needs and distributed them to third parties. This causes losses for the Hospital because it is included in the violation of patient personal data protection following the Patient Personal Data Protection Law Number 27 of 2022. When asked for clarification by the Hospital, the Staff said they did not know that the action they took violated the Patient Personal Data Law Number 27 of 2022 (Honna, 2022). The staff also said they did not know there were legal sanctions and fines for leaking patients' personal data. However, what happened in this case, the patient and the patient's family did not take the legal route, and were willing to solve the problem of leaking the patient's personal data through the family line. The sanction given by the Hospital in accordance with the patient's demands is to terminate employment without any administrative fines because this problem can be solved with the family.

Through Permenkes Number 269 of 2008 Article 10, paragraph 1, medical record data must be properly kept confidential by medical personnel, health facility staff, and management. Maintaining the confidentiality of patient data is also one of the Indonesian Medical Code of Ethics (KODEKI). This is recorded in Article 16 of the Code of Conduct, that every doctor is required to maintain the confidentiality of all information about the patient that he or she knows, even after the patient dies. Medical records contain records and documents about the patient's identity, examinations, treatments, actions, and other services provided to patients. Medical records are a collection of information about the identity, results of anamnesis, examination, and records of all activities of health care providers on patients and from time to time. The actions of health service institutions/facilities that must be recorded in the patient's Medical Records are regarding the patient's identity, examination, treatment, actions, and other services to the patient (Ilyas et al., 2023). So, the Medical Records will also contain the type of patient and even the patient's family disease history, which is a reference for the cure of the patient's disease related to hereditary diseases, for example. So, it means that the patient's secret and the patient's family are inside. The secret belongs to the patient which is the contents of the Medical Records file made by health workers who treat him both outpatient and inpatient. Therefore, to protect the secret of the disease, it was initially regulated in the Minister of Health Regulation Number 749a/Year 1989, which was then also regulated in Article 47 Paragraph (1) of Law Number 29 of 2004 concerning Medical Practice and the Minister of Health Regulation Number 269 of 2008 concerning Medical Records in which it is stated that the physical medical record file belongs to the Health Service Facilities (Saryankes) and the contents of the medical record file belong to the patient.

Furthermore, related to the confidential nature of the contents of the Medical Record, several rights are juridical manifestations of the nature of confidentiality, including: Hak Privacy, Patient Access Rights, Right to Medical Secrets, The Right to Refuse to Disclose Medical Secrets.

Although the rules regarding patient medical record data privacy have been clearly stated, cases of violations of patient medical data privacy continue to occur. Patients are most disadvantaged if their medical data is leaked to the public when a data leak occurs. Especially when the medical record data of patients suffering from diseases that are considered by the community to be a disgrace or a disease that is detrimental to the environment is known to the public (Quality Committee of Dr. M. Djamil Padang General Hospital, 2022). The next example is the case of leakage of one and two COVID-19-positive patients in Indonesia. Not a few people in the surrounding environment blame the two patients. This makes patients and their families receive negative exposure to the environment because it is considered the culprit of the pandemic in Indonesia. This will have a severe psychological impact on patients because they feel pressured by negative exposure from society. Unfortunately, the negative exposure also has the potential to be experienced by the patient's family. This is a very detrimental condition for patients and families.

More than that, the leak of medical record data can also have the potential to cause panic in the community. Patients' personal data that is known to the public also has the potential to be misused by certain parties for personal gain. For example, it is used by fraudsters to make fake insurance claims. Of course, this will cause great losses to the patient. It is very wrong if we think that data leaks only harm patients. While data leaks don't necessarily damage systems, their impact cannot be underestimated (Sihombing & Hamid, 2020). Violating patient medical record data privacy will also cause various losses to the hospital where the patient is treated. Patients whose data is exposed to the public will certainly be disappointed, especially if it is due to the weakness of the hospital security system (Mohamed et al., 2020). Disappointed patients have the potential to spread their disappointment to their relationships. Worse, they can even create negative hospital reviews and spread them through social media.

Public trust will decline drastically if information on privacy violations of patient medical record data is known to the public. As a result, the credibility of hospitals, espe-

cially in terms of maintaining the confidentiality of patient data, will be destroyed in an instant. If this happens, especially if it becomes viral news or is aired in print or electronic news media, the public's interest in getting treatment at your hospital will decrease. They will prefer to go to other hospitals that can guarantee the security of patients' medical data. Data leakage is equally detrimental for patients as data owners and for the hospital responsible as its manager (Nte et al., 2022). To prevent this from happening, the hospital, as the manager, needs to prepare a strong medical record data protection system to ensure the security of patient data. In addition, the hospital's success in maintaining the confidentiality of patient data can also be a competitive factor in increasing patient trust in hospital services.

To avoid patient data leaks, hospitals must have the latest generation antivirus, which is a security solution and is easy to manage, operate, and scale to meet the needs of on-premises management, cloud management, or hybrid solutions for security, protection, early detection, and end-point response needs (Shuai & Liu, 2023). As for the human resources (users) of the Hospital, it is necessary to introduce or socialize the electronic medical record system, how to use it, and the Hospital policy that regulates electronic medical records.

The protection of patients' personal data in hospitals has been regulated by law, both the Patient Personal Data Law Number 27 of 2022 and Law Number 40 of 2014 concerning insurance. It's just that we remind them that it is necessary to regularly socialize all staff in health service facilities or in insurance. In each hospital, there are also pictures or writings prohibiting taking pictures or recording patient personal data, both physical and medical records; this applies to all Indonesian citizens to foster a sense of responsibility for the protection of patients' personal data.

In addition, the hospital should have an unchanged contact number to inform patients and families because recently, there have also been widespread scams on behalf of the hospital asking families to send a certain amount of money on the grounds of the need to pay for patient fees. In a state of panic, the patient's family may be in a hurry to transfer a sum of money for help to the patient, so with a contact number that is already known, the patient or family will send a scam over the phone (Bariun et al., 2022).

Medical record documents belong to health service facilities and must be maintained in security, integrity, confidentiality, and availability of data in medical record documents. Every patient has the right to access information in medical record documents. The patient's right to medical record information is expressly regulated in Article 276. Article 297, paragraph (2) of the Health Law (Mawitjere, 2023).

Law Number 29 of 2004 concerning Medical Practice is also a law that aims to protect patients. The rights of patients regulated in Article 52 of Law No. 29/2004 are: Patients receiving services in the practice of medicine have the right to: (a) obtain a complete explanation of medical measures as referred to in Article 45 paragraph (3); seek the opinion of another doctor or dentist; get services according to medical needs; refuse medical treatment, and get the contents of the medical record.

The protection of patients' rights is also stated in Article 32 of Law No. 44 of 2009 concerning Hospitals, namely, Every patient has the right to: obtain information about the rules and regulations that apply in the Hospital; obtain information about the patient's rights and obligations; obtaining services that are humane, fair, honest, and non-discriminatory; obtaining quality health services by professional standards and operational procedure standards; obtain effective and efficient services so that patients avoid physical and material losses; submit complaints about the quality of services obtained; choose doctors and classes of care according to their wishes and regulations applicable in the Hospital; ask for consultation about the disease they suffer from to other doctors who have a Practice License (SIP) both inside and outside the Hospital obtain privacy and confidentiality of the disease suffered, including its medical data; obtain information that includes the diagnosis and procedures of medical procedures, the purpose of medical procedures, alternative actions, risks and complications that may occur, and

the prognosis of the actions performed and the estimated cost of treatment; giving approval or rejection of the actions that health workers will take against the disease they suffer; accompanied by his family in critical condition; perform worship according to their religion or beliefs as long as it does not disturb other patients; obtain their own security and safety while being treated in the Hospital; submit proposals, suggestions, and improvements to the Hospital's treatment of him; rejecting spiritual guidance services that are not in accordance with their religion and beliefs; sue and/or use the Hospital if the Hospital is suspected of providing services that are not in accordance with standards, both civil and criminal, and complaining about hospital services that are not in accordance with service standards through print and electronic media in accordance with the provisions of laws and regulations.

The contents of the patient's medical records and submitted to the patient, but the Hospital should make a General Approval Letter that will be signed by the patient, which includes approval for the release of medical information to the family specified during an emergency.

Article 33 paragraph (1), Article 34 paragraph (1), (3), and (4) of Permenkes 24/2022 states that the opening of the contents of medical records can be done with the consent of the patient to: (a) the importance of maintaining health, medicine, healing, and patient care; (b) own patient requests and/or (c) administrative purposes, insurance payments, or health financing guarantees.

However, if the patient is incompetent, approval for the opening of the contents of the medical record mentioned above can be given by the next of kin or the owner in accordance with the provisions of laws and regulations. The patient's closest family includes the patient's husband, wife, adult children, biological parents, or siblings (Key et al., 2019). Thus, the patient's family can receive medical records in the event that the patient is under the age of 18 and/or the patient is in an emergency. In addition, in relation to the approval of the opening of the contents of the medical record, if the patient is incompetent, it can also be given by the family.

Legal protection is indispensable when it comes to the right to privacy, personal data, and the confidentiality of diseases. So that patient data or information is well maintained and does not harm anyone, especially the parties concerned. Because many professions that deal with patients deliberately expand and inform disease data and confidentiality only for conversation with others. Whoever violates these laws and regulations may receive appropriate sanctions and be carried out as stated in the various laws and regulations. Legal sanctions or fines according to the law should be socialized again to staff working in hospitals, both medical and non-medical staff.

4. Conclusions

Based on the results of the study, it can be concluded that the protection of patient privacy data in the process of applying for insurance/guarantee at the hospital has been protected by law, and this is legally done in the process has been made well with a sophisticated system, even recently there has been a special electronic message for hospitals called restore. Indeed, not all hospitals can use it. It is clear that legal sanctions for anyone who violates or causes patient data leakage, it is necessary to carry out periodic socialization for every hospital staff to provide a password and not forget. Based on the data obtained, it can also be concluded that each hospital has regulated so well the protection of patient privacy data in accordance with law No. 27 of 2022 Article 4, paragraph 2 concerning personal data protection.

References

- Akintola, O., Gwelo, N. B., Labonté, R., & Appadu, T. (2016). The global financial crisis: experiences of and implications for community-based organizations providing health and social services in South Africa. *Critical Public Health*, 26(3), 307–321.
- Alvarez, K., Cervantes, P. E., Nelson, K. L., Seag, D. E. M., Horwitz, S. M., & Hoagwood, K. E. (2022). Structural racism, children's

- mental health service systems, and recommendations for policy and practice change. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(9), 1087–1105.
- Ariyanda, T., & Arifyani, D. (2020). Special Autonomy Law and Education Attainment In Papua: A Quasi Experiment Analisis. *Jambura Equilibrium Journal JEJ*, 2.
- Ayisa, A., Getahun, Y., & Yesuf, N. (2021). Patient Safety Culture and Associated Factors Among Health-Care Providers in the University of Gondar Comprehensive Specialized Hospital, Northwest Ethiopia. *Drug, Healthcare and Patient Safety*, Volume 13, 141–150. <https://doi.org/10.2147/DHPS.S291012>
- Bariun, L. O., Hasima, R., & Ramadani, R. (2022). Incest in the Intersection Between Criminal Law and Bugis Custom. *International Journal of Management and Education in Human Development*, 2(01), 64–71.
- Bloomfield, J. G., Schneider, C. R., Lane, S., Stehlik, P., & Frotjold, A. (2021). Evaluating a large-scale introductory interprofessional education workshop for developing interprofessional socialisation in medical, nursing and pharmacy students: A quasi-experimental pre-test post-test study. *Nurse Education Today*, 99, 104777.
- Chen, Y. P., Lee, H. F., & Wong, T. T. (2016). Epileptic seizure in primary intracranial sarcoma: a case report and literature review. *Child's Nervous System*, 32(9), 1709–1714. <https://doi.org/10.1007/s00381-016-3174-3>
- Choi, S. H., Gu, J. H., & Kang, D. H. (2016). Analysis of traffic accident-related facial trauma. *Journal of Craniofacial Surgery*, 27(7). <https://doi.org/10.1097/SCS.0000000000002916>
- Continuity and Coordination of Care: A Practice Brief to Support Implementation of the WHO Framework on Integrated People-Centred Health Services (2018).
- de Reuver, R., Van de Voorde, K., & Kilroy, S. (2021). When do bundles of high performance work systems reduce employee absenteeism? The moderating role of workload. *The International Journal of Human Resource Management*, 32(13), 2889–2909.
- Farooq, F., Quraisy, M. M., Hassan, M. U., Hussain, M., & Mushtaq, F. (2022). Pattern and Magnitude of Ocular Trauma Sustained in Road Traffic Accidents (A Trauma Centre Study). *Pakistan Journal of Ophthalmology*, 38(4). <https://doi.org/10.36351/pjo.v38i4.1441>
- Hasanah, Y. (2021). Eco enzyme and its benefits for organic rice production and disinfectant. *Journal of Saintech Transfer*, 3(2), 119–128. <https://doi.org/10.32734/jst.v3i2.4519>
- Hildenbrand, K., Sacramento, C. A., & Binnewies, C. (2018). Transformational leadership and burnout: the role of thriving and followers' openness to experience. In *Journal of Occupational Health Psychology* (Vol. 23, Issue 1, pp. 31–43). Educational Publishing Foundation. <https://doi.org/10.1037/OCP0000051>
- Honna, J. (2022). The Law and Politics of Military Call-Outs in Indonesia's Counterterrorism. In *Military Operation and Engagement in the Domestic Jurisdiction* (pp. 286–306). Brill Nijhoff.
- Ilyas, I., Rani, F. A., Bahri, S., & Sufyan, S. (2023). The Accommodation of Customary Law to Islamic Law: Distribution of Inheritance in Aceh from a Pluralism Perspectives. *Samarah: Jurnal Hukum Keluarga Dan Hukum Islam*, 7(2), 897–919.
- Key, K. D., Furr-Holden, D., Lewis, E. Y., Cunningham, R., Zimmerman, M. A., Johnson-Lawrence, V., & Selig, S. (2019). The continuum of community engagement in research: a roadmap for understanding and assessing progress. *Progress in Community Health Partnerships: Research, Education, and Action*, 13(4), 427–434.
- Kintu, T. M., Ssewanyana, A. M., Kyagambiddwa, T., Nampijja, P. M., Apio, P. K., Kitaka, J., & Kabakyenga, J. K. (2021). Exploring drivers and barriers to the utilization of community client-led ART delivery model in South-Western Uganda: patients' and health workers' experiences. *BMC Health Services Research*, 21(1), 1–14.
- Kuntadi, K. (2022). House of Restorative Justice as a Forum of Actualizing the Nation's Culture in Solving Criminal Cases. *Jurnal Dinamika Hukum*, 22(2), 323–333. <https://doi.org/10.20884/1.JDH.2022.22.2.3242>
- Madaninabawi, M., & Hafidz, J. (2021). *Legal Consequences of Financing a PT Established by Husband and Wife Without a Marriage Agreement on the Signing of a Lease Agreement*. 3(4), 1286–1298.
- Mawitjere, W. R. (2023). The Policy Formulation of Law and Regulations Concerning Law Enforcement Violators of Health Protocols in Preventing the Spread of Coronavirus Disease 2019 (Covid-19) in the South Minahasa Regency. *Unima*

- International Conference on Social Sciences and Humanities (UNICSSH 2022)*, 1945–1952.
- Minister of Health Regulation No. 11 of 2017 Concerning Patient Safety (2017).
- Mohamed, N., Taheri, B., Farmaki, A., Olya, H., & Gannon, M. J. (2020). Stimulating satisfaction and loyalty: transformative behaviour and Muslim consumers. *International Journal of Contemporary Hospitality Management*, 32(9), 2903–2923.
- Motsumi, M. J., Mashalla, Y., Sebegu, M., Ho-Foster, A., Motshome, P., Mokokwe, L., Mmalane, M., & Montshiwa, T. (2020). Developing a trauma registry in a middle-income country – Botswana. *African Journal of Emergency Medicine*, 10. <https://doi.org/10.1016/j.afjem.2020.06.011>
- Nte, N. D., Teru, V. A., & Putri, N. M. (2022). Intelligence Education for National Security and Public Safety Policy: A Comparative Analysis of Nigeria, South Africa, and Indonesia. *Lex Scientia Law Review*, 6(1), 187–218.
- Nugraha, A. P., Wibisono, C., Satriawan, B., Indrayani, Mulyadi, & Damsar. (2022). The Influence Of Transformational Leadership, Job Crafting, Job Satisfaction, And Self-Efficacy On Job Performance Through Work Engagement Of State Civil Apparatus As An Intervening Variable In The Digital Era Of Cases In The Local Government Of Karimun R. *Central European Management Journal*, 30(3), 2336–2693.
- Park, T. Y., Son, S., Lim, T. G., & Jeong, T. (2020). Hyperthermia associated with spinal radiculopathy as determined by digital infrared thermographic imaging. *Medicine*, 99(11). <https://doi.org/10.1097/MD.00000000000019483>
- Pratomo, A. B., Mokodenseho, S., & Aziz, A. M. (2023). Data encryption and anonymization techniques for enhanced information system security and privacy. *West Science Information System and Technology*, 1(01), 1–9.
- Quality Committee of Dr. M. Djamil Padang General Hospital. (2022). *Patient Safety Incident Report of the Quality Committee for the years 2021-2022*.
- Sari, S. Y. I., Faisal, M., Raksanagara, A. S., Agustian, D., & Rusmil, K. (2020). Water quality and factors associated with compliance of drinking water refilling stations as a choice for middle-low urban households in developing countries. *Journal of Water and Environment Technology*, 18(1), 27–36. <https://doi.org/10.2965/jwet.19-037>
- Sethi, V., Yadav, S., Agrawal, S., Sareen, N., Kathuria, N., Mishra, P., Kapoor, J., & Dureja, S. (2019). Incidence of Side-effects After Weekly Iron and Folic Acid Consumption Among School-going Indian Adolescents. *Indian Pediatrics*, 56, 33–34.
- Shuai, H., & Liu, J. (2023). The relationship between criminology and criminal law: implications for developing Chinese criminology. *Humanities and Social Sciences Communications*, 10(1), 1–11.
- Sihombing, B. F., & Hamid, A. (2020). Impact of the omnibus Law/Job creation act in Indonesia. *International Journal of Scientific Research and Management (IJSRM)*, 8(10), 266–281.
- Stansfeld, S., Clark, C., Smuk, M., Gallacher, J., & Babisch, W. (2021). Road traffic noise, noise sensitivity, noise annoyance, psychological and physical health and mortality. *Environmental Health: A Global Access Science Source*, 20(1). <https://doi.org/10.1186/s12940-021-00720-3>
- Wantu, F. M., Mahdi, I., Purba, A. S., Haris, I., & Amal, B. K. (2021). The law on plant protection, an effort to save Indonesia's earth: a review of international publications. *International Journal of Modern Agriculture*, 10(1), 867–879.