



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. **1907**



Introduced by **REPRESENTATIVE MARCELINO C. LIBANAN**

AN ACT

MANDATING THE ESTABLISHMENT AND MAINTENANCE OF A CENTRALIZED PATIENT RECORD SYSTEM IN MUNICIPALITIES AND CITIES, TO BE KEPT BY RURAL HEALTH UNITS OR HEALTH CENTERS AND SIMILAR PRIMARY HEALTH FACILITIES, ENSURING CONTINUITY OF CARE AND ADHERENCE TO DATA PRIVACY STANDARDS, AND FOR OTHER PURPOSES.

EXPLANATORY NOTE

The right to health is a fundamental human right enshrined in our Constitution. However, for many Filipinos, particularly those residing in municipalities and cities without robust public hospital infrastructure, access to continuous and quality healthcare remains a significant challenge. A critical gap in our current healthcare system is the absence of a standardized and centralized patient record-keeping mechanism at the local level.

Currently, when indigent or even ordinary citizens seek medical attention at rural health units (RHUs), health centers, or during medical missions, their medical history often goes unrecorded or is fragmented across various temporary notes. This lack of comprehensive patient records poses serious impediments to effective healthcare delivery:

1. **Impaired Diagnosis and Treatment:** Attending physicians, whether at local health centers or during medical missions, lack crucial historical data, making accurate diagnosis difficult and potentially leading to suboptimal or redundant treatments.
2. **Lack of Continuity of Care:** Without a centralized record, patients moving between different health facilities or even seeing different doctors within the same local unit cannot ensure that their complete medical journey is understood, hindering long-term health management.
3. **Ineffective Public Health Initiatives:** The absence of systematic data collection at the grassroots level limits the ability of local health authorities to effectively monitor health trends, plan targeted interventions, and respond efficiently to public health crises.
4. **Disadvantage During Medical Missions:** While medical missions provide vital services, the inability to access a patient's prior medical history often means that care is

delivered in isolation, without the benefit of past diagnoses, medications, or unique patient needs.

This proposed measure, the "**Local Health Record System Act of 2025**," seeks to address these critical deficiencies by mandating the establishment and maintenance of a **Centralized Patient Record System (CPRS)** in every municipality and city, to be managed by their respective rural health units, health centers, or equivalent primary health facilities.

By enacting this measure, we aim to empower local health units with the necessary tools to provide more effective and continuous care, improve public health surveillance, and ensure that every Filipino, regardless of their location or economic status, has a documented health history that supports their right to quality medical attention. This Bill represents a vital step towards a more integrated, efficient, and patient-centered healthcare system at the local level.

A stylized, handwritten signature in black ink, featuring a large, sweeping 'M' and 'L' that are interconnected, with a horizontal line extending to the right.

MARCELINO C. LIBANAN



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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. Short Title. This Act shall be known as the "Local Health Record System Act of 2025."

SECTION 2. Declaration of Policy. It is hereby declared the policy of the State to uphold the right to health of all its citizens, particularly those residing in underserved municipalities and cities. To this end, the State shall ensure the accessibility and continuity of healthcare services by mandating a centralized, secure, and accessible patient record system in every local government unit, to be managed by its rural health units, health centers, or equivalent primary health facilities. This policy shall be implemented with utmost respect for the privacy of personal and sensitive personal information, in full compliance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012."

SECTION 3. Definition of Terms. For purposes of this Act:

a) **Centralized Patient Record System (CPRS):** Refers to an organized, unified, and secure system, whether electronic or manual, for collecting, storing, managing, and retrieving patient health information within a local government unit, accessible to authorized health personnel.

b) **Rural Health Unit (RHU) / Health Center (HC) / Primary Health Facility:** Refers to the primary healthcare facility established by the local government unit in a municipality or city, responsible for delivering basic health services.

c) **Local Government Unit (LGU):** Refers to any municipality or city in the Philippines.

d) **Patient Record:** Refers to any information, whether recorded in paper or electronic form, that relates to the physical or mental health of an individual, and to the provision of health services to the individual. This includes, but is not limited to, demographic data, medical history, diagnoses, treatments, medications, laboratory results, and other relevant clinical findings.

e) **Personal Information:** Refer to any information whether recorded in a material form or not, from which the identity of an individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify an individual.

f) **Sensitive Personal Information:** Refer to personal information: (1) About an individual's race, ethnic origin, marital status, age, color, and religious, philosophical or political affiliations; (2) About an individual's health, education, genetic or sexual life, or to any proceeding for any offense committed or alleged to have been committed by such person, the disposal of such proceedings, or the sentence of any court in such proceedings; (3) Issued by government agencies peculiar to an individual which includes, but not limited to, social security numbers, previous or current health records, licenses or its denials, suspension or revocation, and tax returns; and (4) Specifically established by an executive order or an act of Congress to be kept classified.

SECTION 4. Mandate for Centralized Patient Record System. a) Every local government unit shall establish and maintain a Centralized Patient Record System (CPRS) within its rural health unit, main health center, or equivalent primary health facility. b) The CPRS shall serve as the primary repository of all patient records generated from consultations, check-ups, medical missions, vaccinations, and other health interventions conducted by the RHU/HC/Primary Health Facility and its satellite health facilities within the local government unit. c) Each patient shall be assigned a unique identifier to ensure accurate and continuous tracking of their health history.

SECTION 5. Content of Patient Records. The CPRS shall, at a minimum, include the following information for each patient: a) Demographic data (name, address, date of birth, sex, contact information). b) Comprehensive medical history (past illnesses, surgeries, allergies, immunizations). c) Current complaints and symptoms. d) Diagnoses. e) Treatment plans and interventions. f) Prescribed medications. g) Laboratory and diagnostic test results. h) Referrals to other healthcare providers. i) Records of medical missions attended, including services received and findings. j) Other relevant clinical notes and observations.

SECTION 6. Data Privacy and Security. The establishment and maintenance of the CPRS shall strictly adhere to the principles and provisions of Republic Act No. 10173, the "Data Privacy Act of 2012," and its Implementing Rules and Regulations.

a) **Consent:** The collection and processing of personal and sensitive personal information shall be based on the informed consent of the patient or their legal guardian, except when otherwise allowed by law.

b) **Purpose Limitation:** Patient records shall only be collected and processed for legitimate purposes related to healthcare provision, public health, and research, as defined by law.

c) **Security Safeguards:** The RHU/HC/Primary Health Facility shall implement appropriate organizational, technical, and physical security measures to protect patient records against accidental or unlawful destruction, alteration, disclosure, access, misuse, or any other unlawful processing. This shall include: i. Access controls to ensure only authorized personnel can view and modify records. ii. Encryption for electronic records. iii. Regular security audits and vulnerability assessments. iv. Secure physical storage for manual records.

d) **Data Breach Notification:** In the event of a security incident or data breach involving patient records, the RHU/HC/Primary Health Facility shall promptly notify the affected individuals and the National Privacy Commission in accordance with existing regulations.

e) **Right to Access and Rectify:** Patients shall have the right to access their own records and request corrections of any inaccurate or outdated information, subject to reasonable procedures.

f) **Retention and Disposal:** Patient records shall be retained only for as long as necessary for the fulfillment of the purposes for which they were collected, or for the establishment, exercise, or defense of legal claims, or for legitimate business purposes, or as provided by law, and shall be disposed of securely thereafter.

SECTION 7. Interoperability and Data Sharing.

a) The Department of Health (DOH) shall develop standards for interoperability to facilitate secure and seamless sharing of patient records among RHUs/HCs/Primary Health Facilities within the same local government unit, and with other authorized healthcare providers and public health programs, subject to patient consent and strict data sharing agreements.

b) For medical missions, patient records from the CPRS may be securely shared with the attending medical professionals upon explicit patient consent, ensuring continuity of care and avoiding redundant procedures. The medical mission organizers shall be bound by the same data privacy and security obligations under this Act and the Data Privacy Act.

c) **Mandatory Record Sharing by Hospitals:** Public and private hospitals shall be mandated to share relevant patient records with the patient's designated RHU/HC/Primary Health Facility upon the written request of the patient, his or her authorized representative, or the attending physician at the RHU/HC/Primary Health Facility, provided that such request is for the purpose of ensuring continuity of care or for legitimate public health purposes.

The hospital shall release such records:

- Within **five (5) working days** from receipt of the request;
- In a secure format, whether printed or electronic;
- At **no cost** for indigent patients certified by the LGU.

Such sharing shall strictly adhere to the provisions of the Data Privacy Act of 2012 and its Implementing Rules and Regulations, ensuring the security and confidentiality of the shared information.

SECTION 8. Funding and Implementation.

a) The initial establishment and subsequent maintenance of the CPRS shall be funded through appropriations from the General Appropriations Act, the annual budget of the Department of Health, and the respective Local Government Units (LGUs).

b) The DOH shall:

i. Formulate the necessary guidelines, standards, and protocols for the establishment, operation, and maintenance of the CPRS.

ii. Provide technical assistance and capacity building to LGUs and health personnel in implementing and managing the CPRS.

iii. Develop and implement a standardized training program for health workers on data management, data privacy, and the use of the CPRS. iv. Monitor the compliance of local government units with the provisions of this Act.

SECTION 9. Penalties.

a) Any local government unit or RHU/HC/Primary Health Facility failing to establish or maintain a CPRS as mandated by this Act, without justifiable cause, shall be subjected to administrative sanctions as determined by the Department of Health.

b) Public and private hospitals failing to comply with the mandatory record sharing provision (Section 7c) shall be subject to administrative penalties as determined by the Department of Health, without prejudice to other applicable laws.

c) Violations of the data privacy and security provisions of this Act shall be penalized in accordance with the provisions of Republic Act No. 10173, the "Data Privacy Act of 2012," without prejudice to other applicable laws.

SECTION 10. Transitory Provisions.

a) Local government units covered by this Act shall establish their respective CPRS within two (2) years from the effectivity of this Act.

b) The DOH shall prioritize the provision of technical and financial assistance to local government units with the greatest need.

SECTION 11. Separability Clause. If any provision or part hereof is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SECTION 12. Repealing Clause. All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with this Act are hereby repealed, amended, or modified accordingly.

SECTION 13. Effectivity. This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved,