



## **HEALTHCARE PROFESSIONALS LEGAL AWARENESS OF PATIENT MEDICAL CONFIDENTIALITY**

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### **Abstract**

This article examines healthcare professionals legal awareness regarding patient medical confidentiality through a normative synthesis of ethical duties and legal obligations. Legal awareness is framed as a structured combination of rule knowledge, professional judgment, and disciplined conduct in daily communication and data handling. The discussion clarifies confidentiality as more than silence, covering access control, purpose limitation, documentation, and prudent disclosure within clinical teams. It addresses boundary setting when communicating with families and third parties, emphasizing consent specificity and proportional disclosure. Exceptions related to mandatory reporting and lawful requests are presented as narrowly bounded duties requiring careful verification of authority and scope. The paper also considers how workflow routines, time pressure, and organizational governance shape habitual practices such as corridor conversations, shared accounts, and informal messaging. Accountability is emphasized through traceable records of disclosures and internal pathways for incident reporting and corrective action. The article concludes that sustainable protection of patient privacy depends on consistent operational habits anchored in clear institutional procedures and professional communication skills that preserve trust while supporting safe care.

**Keywords:** legal awareness, medical confidentiality, patient privacy, consent, disclosure limits, health data governance, professional accountability.

## Introduction

Medical confidentiality is a fundamental element in the therapeutic relationship because it concerns a patient's right to privacy and dignity, as well as being a prerequisite for the disclosure of clinical information. When a patient arrives for an examination, they bring a health narrative that is often sensitive in nature, including medical history, mental condition, lifestyle habits, and family circumstances. Such information is provided to healthcare personnel with the expectation that it will be used for service purposes, not for other needs outside the patient's interests. In modern service practices, the flow of information moves rapidly through recording, referrals, coordination between teams, and the use of health information systems (Marwiyah, 2022). This speed increases the need for professional discipline, as every transfer of information contains the potential for deviation. Confidentiality does not end with the prohibition on leaking, but encompasses how information is stored, how access is restricted, and how it is discussed in the workplace. If confidentiality is not maintained, patients may lose trust, withhold important information, or avoid services. At this point, the issue of confidentiality becomes a matter of law, ethics, and service quality, which fundamentally relates to the protection of patient rights within the perspective of medical law and ethics in Indonesia (Herisasono et al., 2023).

Healthcare personnel work within organizational structures that demand coordination. In coordination, patient data may be read by more than one profession, discussed in meetings, and used to make clinical decisions. Such coordination requirements create boundaries that must be managed precisely: the line between communication that is legitimate for care and communication that is illegitimate because it exceeds the purpose of service (Handijani & Nugroho, 2023). In the service space, the habit of sharing patient stories can emerge as part of a routine, for example, for learning or for seeking second opinions. However, this habit can shift into uncontrolled conversation if not accompanied by an understanding of the obligation of confidentiality. Furthermore, the work environment has social dynamics that influence how people speak, including pressure for speed, tendencies to joke, and a sense of familiarity among colleagues. Such dynamics can blur professional boundaries if there is no adequate legal awareness. Therefore, legal awareness regarding medical confidentiality

must be understood as the ability to assess situations and choose actions that are in accordance with norms, including in the management of medical record entries by physicians (Mubarak et al., 2023).

The development of health information technology expands the forms of medical confidentiality. Confidentiality now relates to user accounts, passwords, electronic medical record access, access logs, and the transmission of information via communication applications (Beltran-Aroca et al., 2019). This shift transfers risks from the space of conversation to the space of data. Healthcare personnel may be tempted to take shortcuts, for example, by photographing examination results, sending summaries via personal messages, or opening patient data on unsecured devices. At the same time, patients and their families are increasingly requesting explanations, demanding copies of documents, and disseminating their own information. This situation requires healthcare personnel to understand the limits of authority, the basis of consent, and how to refuse requests that do not comply with rules, including in the context of telemedicine regulations aimed at improving patient safety and protection (Sasmita et al., 2023). Medical confidentiality also intersects with certain reporting needs, such as disease reporting, death reporting, or requests from law enforcement officials. The relationship between confidentiality and reporting requires clear legal knowledge. Without such clarity, healthcare personnel may misjudge, disclosing information that should be closed, or withholding information that should be reported according to provisions.

Medical confidentiality is also linked to the organizational culture of healthcare services. Organizations may have policies on data access, case discussion procedures, and document storage procedures. However, policies do not always become behavior if not accompanied by the internalization of norms by individuals. The legal awareness of healthcare personnel here includes the understanding that violations of confidentiality can lead to juridical consequences, professional ethical consequences, and consequences for patient safety. Patient safety can be affected when patients withhold information due to fear of it being known by others. Furthermore, violations of confidentiality can create social harm, such as stigma, discrimination, or family conflict. Because healthcare services touch on private aspects, such social harm can be

more severe than material loss. Healthcare personnel must also manage the boundaries of conversation in public spaces, including in corridors, waiting rooms, and service vehicles. In such spaces, conversations that sound light can turn into violations. Thus, legal awareness becomes the ability to maintain discipline in situations that seem ordinary, not just in situations that are monitored, much like the ethics and legality in the dissemination of traffic accident victim information through digital media (Muhammad et al., 2023).

Medical confidentiality becomes an increasingly specific issue when services involve family members, guardians, or patient companions. Many clinical decisions require communication with the family for care purposes, especially when the patient is unable to make their own decisions. However, family communication often raises questions about the extent to which information may be provided, which parts should be kept, and when patient consent is required. Healthcare personnel may face emotional pressure from family members who want to know everything, including diagnoses, prognoses, and history. If healthcare personnel do not have a strong legal basis, they may provide excessive information to diffuse the situation. Conversely, they may withhold information that should be provided, leaving the family unable to support care. Furthermore, in the care of children, adolescents, and patients with specific conditions, the boundaries of confidentiality become more complicated because they involve the best interests of the patient and protection from risk. This complexity confirms that legal awareness is not merely normative knowledge, but the skill of carefully weighing authority, consent, and the purpose of communication in service practice, in line with the principles of patient protection in medical advertising regulations (Sahidu et al., 2023).

The main problem that needs to be explained is the misalignment between the existence of medical confidentiality norms that demand strict protection and the practice of communication in healthcare services that is fast-paced and involves many parties. In daily activities, patient information can move through conversations, records, document transmission, and clinical discussions. Every transfer carries the opportunity for information disclosure to unauthorized parties. Healthcare personnel may assume that because information is opened for

service purposes, then all forms of disclosure are considered legitimate. This assumption blurs the line between care needs and unnecessary sharing habits. Furthermore, there is a tendency to view confidentiality as a purely ethical obligation, so the legal aspect is understood in general terms without operational details. Consequently, seemingly small actions such as mentioning a patient's name in a crowded room, leaving documents without security, or sending information through personal channels can be viewed as normal. Such issues indicate that legal awareness needs to be understood as a structure of understanding and habits that shape behavior, not just the acknowledgment that secrets must be kept. Amidst the complexity of digital platform regulations, this challenge is increasingly heavy for healthcare personnel working within the platform economy ecosystem (Hambodo & Darmawan, 2024), as well as the need for corporate pharmaceutical responsibility in maintaining access equity through national health insurance (Hartono et al., 2024).

The next problem relates to the confusion surrounding exceptions to medical confidentiality. In healthcare services, there are certain circumstances that may require information to be disclosed, such as for mandatory reporting, for referrals, or for law enforcement interests within specified limits. However, exceptions that are not understood correctly can trigger two risks. The first risk is the disclosure of information that exceeds boundaries and is not accompanied by an adequate basis, thereby violating patient rights. The second risk is the withholding of information that should be disclosed in accordance with provisions, thereby interfering with public interest or safety. This confusion is reinforced by variations in positions, variations in education levels, and variations in experience among healthcare personnel. Furthermore, service organizations may have internal procedures that are not always understood in the same way by all staff. When understandings differ, decisions about opening or closing information can become inconsistent. Inconsistency reduces certainty for patients and reduces certainty for the healthcare personnel themselves. This state confirms the need for normative discussion that regulates the understanding of legal awareness, the understanding of medical confidentiality, and the boundaries of exceptions within the healthcare workplace, including legal protection for patients in primary healthcare facilities (Tampil et al., 2023).

This writing aims to construct an orderly conceptual mapping regarding the legal awareness of healthcare personnel toward patient medical confidentiality. Medical confidentiality is the foundation of trust that influences patient openness, diagnostic quality, and continuity of care. In modern services, information management cannot be separated from organizational systems, electronic medical records, and interprofessional teamwork. Without a clear conceptual framework, talk of confidentiality easily turns into general moral advice that does not guide action. Structured normative descriptions can help distinguish between the primary obligation of confidentiality, the authority to share for clinical purposes, and exceptions justified by provisions. The urgency also relates to the protection of patient rights to privacy, because violations of confidentiality can cause stigma, conflict, and serious social harm. Furthermore, healthcare personnel require certainty so as not to work in disproportionate fear, but rather in professional discipline that can be accounted for, including in providing legal protection for patients against medical negligence (Lethy et al., 2023). Thus, this normative research is needed as a basis for structuring understanding for healthcare services and professional education.

The objective of this writing is to formulate a conceptual framework regarding the legal awareness of healthcare professionals in maintaining patient medical confidentiality. The description is directed toward explaining the elements of normative knowledge, professional attitudes, and work habits that influence compliance with confidentiality obligations. The writing also organizes the boundaries between confidentiality and the needs of clinical communication, including the use of medical records, referrals, reporting, and communication with family members. Theoretically, this piece clarifies the relationship between professional ethics, legal obligations, and the protection of patient rights to privacy. Practically, this framework can serve as a reference for drafting internal guidelines, training, and healthcare service supervision without presenting field data. The discussion is expected to assist readers in assessing the risks of confidentiality breaches, understanding the juridical consequences, and formulating precautionary principles in sharing information for the sake of patient safety and service accountability in every clinical situation.

## Method

This research is designed as a qualitative literature study focusing on normative reasoning regarding medical confidentiality obligations, the structure of legal awareness among healthcare professionals, and the limits of information disclosure in service. Materials are selected from regulations, professional ethical documents, and scientific writings on patient privacy, medical records, and clinical information governance. A qualitative approach is used to organize definitions, establish categories, and connect principles that often appear separate in practice, such as consent, clinical communication needs, and institutional responsibility. Shipman (2014) is used to maintain precision when drawing conclusions from social sources, specifically to ensure that the normative narrative does not turn into general claims unconstrained by the scope of the sources. Babbie and Edgerton (2023) are utilized to refine the stages of material collection, critical reading, and the preparation of a synthesis that distinguishes between definitions, normative propositions, and the conceptual consequences of a chosen course of action.

Material processing is carried out through systematic reading and thematic coding of issues such as confidentiality, data access, inter-professional communication, relations with family, mandatory reporting, and third-party requests. Each theme is organized in an argumentative sequence that demonstrates the relationship between the primary obligation of confidentiality and justified exceptions. Rifa'i et al. (2023) is used to guide the legal research discipline, particularly in identifying issues, classifying legal materials, and constructing consistent arguments when norms appear to overlap between ethics and positive law. Terminological consistency is maintained to ensure the discussion does not confuse medical secrets, personal data, and medical records, and to ensure that the limits of authority and the limits of information use purposes can be strictly explained. All results are presented as a normative synthesis without interviews, without field observations, and without data presentation, so that the research output takes the form of a conceptual map and a description of obligation mechanisms relevant to healthcare professionals and service institutions.

## Result and Discussion

Regulations regarding the legal awareness of healthcare personnel toward medical confidentiality in Indonesia are rooted in the protection of a patient's human rights regarding the privacy of their health information. The primary legal foundation for this obligation is stipulated in Law Number 17 of 2023 concerning Health, which asserts that every healthcare worker is obligated to maintain the secrecy of a patient's personal health information that they become aware of in the execution of healthcare services. This medical secret includes identity data, diagnosis, medical history, examination history, and patient treatment history, which are confidential and may only be disclosed under specific circumstances regulated by law.

The obligation to maintain confidentiality is detailed technically through Minister of Health Regulation Number 24 of 2022 concerning Medical Records. This regulation mandates that healthcare facilities maintain the security, confidentiality, and integrity of medical record data, whether in physical or electronic form. Healthcare personnel who have access to medical records are fully responsible for the leakage of such information, except for judicial purposes, the patient's own request, or public health interests in accordance with applicable legal procedures. The transformation toward electronic medical records demands higher legal awareness from healthcare personnel to prevent hacking or the misuse of digital data.

Professional ethics aspects also become an important pillar in the formation of legal awareness for healthcare personnel, as stipulated in the Indonesian Medical Code of Ethics and other health profession codes of ethics (Damayana, 2024). Violations of medical confidentiality do not only carry implications for ethical sanctions by professional organizations, but also severe disciplinary and administrative sanctions. Based on Article 286 of the new Health Law, healthcare personnel who disclose medical secrets without authorization can be subject to administrative sanctions in the form of written warnings, administrative fines, and even the revocation of the Practice License (SIP), which shows how seriously the state views the protection of patient data (Hutapea et al., 2024).

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There are limited exceptions where medical confidentiality can be legitimately disclosed, as regulated in Minister of Health Regulation Number 36 of 2012 concerning Medical Secrets. The disclosure of these secrets is permitted for the patient's health interests, to fulfill requests from law enforcement officials in the context of law enforcement (such as *visum et repertum*), or based on statutory provisions for the management of infectious disease outbreaks. Legal awareness among healthcare personnel is essential to understand the boundaries of when they must maintain secrets and when they have a legal obligation to disclose them for the public interest without violating existing procedures, especially in aligning the obligation to report infectious diseases with patient data protection standards in public health services (Agustina et al., 2025; Rahmani et al., 2024).

Efforts to improve this legal awareness are carried out through continuous socialization and professional legal education that emphasizes the importance of Informed Consent as well as privacy protection (Basani, 2023). Healthcare personnel must realize that medical data leaks can have systemic impacts on the reputation of healthcare facilities as well as cause material and immaterial losses for patients. Through compliance with applicable regulations, a mutual trust relationship is created between healthcare personnel and patients, which becomes the main foundation in the implementation of quality and dignified healthcare services in Indonesia.

The legal awareness of healthcare personnel regarding medical confidentiality can be understood as a structure that includes knowledge of norms, professional value orientations, and habitual actions that are

repeated in clinical work (Beltran-Aroca et al., 2019). Knowledge of norms positions confidentiality as an obligation, but legal awareness demands the ability to assess when information may be accessed, by whom, and for what purpose. In service, patient information often appears in the form of stories, notes, examination results, and message exchanges between staff. Each form of information carries different risks. Stories can leak through conversation, notes can leak through insecure storage, and messages can leak through unprotected communication channels. Legal awareness works when healthcare personnel are able to recognize the risks in each of these forms and choose the appropriate procedure. This is where confidentiality shifts from an abstract principle to an operational discipline. This discipline requires judgment regarding relevance, namely whether the information is truly necessary for clinical action. If relevance is not tested, the tendency to share can grow into a habit that exceeds the purpose of care. Legal awareness also demands the ability to explain the reasons for refusal when there is a request for unauthorized information, using language that respects the patient while maintaining service order.

Medical confidentiality rests on the idea that the patient has the right to control information about themselves, while healthcare personnel have an obligation to limit the use of information to service purposes (Dhuha, 2022). This relationship forms trust. Trust is not merely a feeling, but a prerequisite for patients to provide true and complete information. Without openness, clinical assessment becomes incomplete and action decisions can be flawed. Therefore, confidentiality must be understood as part of patient safety. The legal awareness of healthcare personnel plays a role when they realize that small violations can trigger a chain effect, for example, patients being reluctant to share history, patients choosing not to return, or patients refusing certain examinations. In teamwork, the need to share information is often viewed as a general justification. However, general justification is not enough. Legal awareness demands a distinction between sharing for continuity of care and sharing for curiosity. This distinction requires clear internal standards. Such internal standards will become habits if accompanied by practice, supervision, and role modeling. Thus, legal awareness can be understood as the ability to link the obligation of confidentiality with legitimate clinical goals, then translate them into consistent actions in every transfer of information.

In the service environment, clinical conversations often occur in spaces that are not always closed. For example, case discussions can take place in corridors, in nurses' stations, or in areas that can still be heard by visitors. Legal awareness regarding confidentiality demands sensitivity toward space. Sensitivity toward space means understanding that patient rights remain inherent even if healthcare personnel are tired, in a hurry, or coordinating quickly. In this realm, violations often occur due to normalization, namely the habit of mentioning patient identity, mentioning diagnoses, or discussing history with audible volume. Normalization forms the assumption that everyone in the facility is a person who has the right to know, whereas access rights should be limited by function. Legal awareness rejects this assumption by placing the principle of need-to-know. This principle demands a brief evaluation before speaking: is the person hearing part of the team, is mentioning identity necessary, and is there any other safer way? The application of this simple principle demands practice. Without practice, healthcare personnel tend to follow the flow of habit. Therefore, legal awareness can be understood as a discipline that resists the flow of habit when habits conflict with the obligation of confidentiality, where the social dynamics of urban society also influence health determinants and professional behavior in healthcare facility environments (Warin, 2023).

Medical confidentiality also depends on document governance, whether for paper documents or electronic medical records (Mohammadi et al., 2018). In paper documents, risks arise from open storage, piling files on desks, sending without security, and disposal without proper destruction. In electronic medical records, risks arise from sharing accounts, using weak passwords, accessing from personal devices, and opening data without clinical necessity. Legal awareness demands the understanding that access is an act that can be evaluated, as access indicates the intent of use. Healthcare personnel who open data without a clinical need have violated the principle of purpose limitation. Here, legal awareness must include the understanding that a medical record is not merely a work note, but protected personal data. Protection means there is a duty of care in every action that can leave a trace, including printing, photographing, or sending summaries. Many work situations encourage shortcuts, for example, sending results via instant messaging so that

consultations can occur immediately. Legal awareness demands a re-evaluation of such shortcuts and requires the selection of secure channels. Thus, legal awareness manifests itself in self-control against the desire to speed up work at the expense of data protection.

The boundaries of information disclosure to family members are an area that often demands careful judgment. Families may be present as companions, surrogate decision-makers, or parties assisting in care. However, families are not automatically entitled to all information. The legal awareness of healthcare personnel demands a distinction between family involvement and family rights (Plaiasu et al., 2022). Family involvement may be legitimate for care purposes, but access rights must be based on the patient's consent or a justified basis when the patient is unable to give consent. In practice, healthcare personnel often face emotional pressure from families. This pressure can take the form of requests for complete information, insistence on seeing documents, or objections if staff refuse. Legal awareness is needed so that staff can maintain boundaries professionally without triggering unnecessary conflict. Maintaining boundaries means providing information necessary for care support without revealing irrelevant details, as well as offering organized communication channels. Here, communication skills become part of legal awareness, because correct norms can fail if delivered in a way that triggers escalation. Therefore, legal awareness must be understood as a combination of knowledge of boundaries and the ability to maintain those boundaries through civilized and consistent communication.

Information disclosure to third parties outside the family, such as insurance companies, employers, or the media, demands greater firmness. Third parties often use administrative language, such as requesting certificates or medical summaries, and such requests may appear to be routine procedures. The legal awareness of healthcare personnel demands an examination of the basis of authority namely who is requesting, for what purpose, and whether there is valid patient consent (Hutapea et al., 2024). Consent must be understood as specific and informed consent, not merely consent assumed because the patient is in need of service. Furthermore, healthcare personnel need to understand the content limits of documents issued. Documents for specific purposes cannot contain the entire medical history; they must be limited to relevant information. This limitation is a

form of protection. If the limitation is not performed, healthcare personnel shift the risk to the patient, such as the risk of stigma or discrimination. Legal awareness also demands good documentation of what was provided and on what basis, because documentation is a part of accountability. Thus, disclosure to third parties becomes a real test of legal awareness, as administrative pressure often encourages staff to prioritize process efficiency and ignore purpose limitations.

Exceptions to confidentiality related to reporting and specific legal obligations often create confusion when misunderstood as an open permit to leak information (Sofka et al., 2018). Legal awareness demands an understanding that exceptions are strict limitations, meaning information should only be disclosed to authorized parties within the scope required by regulations. Mandatory reporting must be conducted proportionally. Proportionality means conveying what is required, not conveying as much as possible. In practice, proportionality is tested when healthcare personnel face additional requests that do not fall under their obligations. Legal awareness must be able to distinguish between mandatory reporting and administrative requests that have no basis. Furthermore, in relation to law enforcement, healthcare personnel may find themselves in a dilemma because there is pressure to assist legal processes, yet there is an obligation to protect the patient. This dilemma demands knowledge of legitimate procedures and patient rights. Legal awareness also demands the ability to refer requests to the appropriate formal channels within the institution, so that the decision does not become solely an individual burden. Thus, exceptions are not loopholes to reduce confidentiality, but limited mechanisms that actually demand higher discipline, as small mistakes can damage public trust and trigger juridical consequences.

Legal awareness can also be understood through the concept of the purpose limitation of information usage. Information collected for treatment is not automatically permitted for other purposes such as education, publication, or promotion (Plaiasu et al., 2022). In clinical education activities, case discussions are often considered important. However, legal awareness demands de-identification, restricted access, and control of materials so that the patient's identity cannot be recognized. In scientific publications, the obligations are stricter because materials can reach a wide audience and persist for a long time. Legal awareness

demands proper consent and strong identity protection. In service promotion, the risk is even greater because promotions often use patient success stories. Legal awareness demands the rejection of the use of patient stories that could reveal identity, unless there is clear consent and safe procedures. This is where the purpose limitation becomes an important instrument. Without a purpose limitation, confidentiality turns into a formality. Legal awareness rejects that formality by placing the patient as the center of rights. When patient rights become the center, every use outside of treatment must be tested. This test is not an obstacle to innovation, but a safeguard of dignity. Thus, legal awareness organizes discipline so that educational and service development interests continue to run without sacrificing patient privacy.

Legal awareness is also reflected in how healthcare personnel manage patient identity in administrative spaces (Risawati, 2024). Processes such as registration, calling queues, sample submission, and medication pickup often involve mentioning names, addresses, or identification numbers (Beltran-Aroca et al., 2019). Mentioning identity is often considered an unavoidable operational necessity. However, legal awareness demands the limitation of identity to the level necessary to prevent errors, while reducing exposure to unauthorized persons. For example, healthcare personnel need to weigh the options of using queue numbers, initials, or discreet verification on documents that are not visible to the public. Identity management also includes how to attach labels, how to place files, and how to organize computer screens so they are not easily read by visitors. Such attention may seem simple, but it is precisely an indicator of whether confidentiality is understood as a living obligation or as a rule that is only relevant during inspections. Mature legal awareness views the administrative space as part of clinical service, because from this point, personal data begins to spread to many hands. When administrative discipline is weak, leaks can occur without malicious intent. Therefore, legal awareness needs to link the principle of confidentiality with administrative work procedures that are neat, measurable, and consistent.

Cross-professional working relationships in healthcare facilities demonstrate a clear need for information sharing, yet this need must be governed by the principles of the need-to-know and purpose limitation (Koloroutis, 2019). In coordination between doctors, nurses, pharmacists,

laboratory analysts, radiographers, and administrative staff, information often moves in the form of summaries. Legal awareness demands the ability to choose the appropriate level of detail in these summaries. A summary that is too broad discloses unnecessary information. A summary that is too narrow may interfere with clinical decisions. This judgment requires clarity of functional roles, not just job titles. Individuals not involved in management have no reason to access details. Furthermore, legal awareness demands the habit of minimizing identity when discussions can be conducted in other ways, such as using patient codes in internal forums. This habit reduces the risk of conversations being overheard by outsiders. In normative discussions, good teamwork is not an excuse to relax confidentiality, but rather a reason to design safe communication patterns. Confidentiality within a team is a shared discipline. If discipline is only placed on specific individuals, the system will be fragile and dependent on character, not on standards.

Work habits are often more decisive than written knowledge (Jefferies, 2013). Healthcare personnel may understand the obligation of confidentiality at the level of definition, but continue to perform risky actions because they are accustomed to seeing such practices carried out by colleagues (Marwiyah, 2022). Here, legal awareness can be understood as a process of social learning that occurs daily. If the work environment tolerates conversations about patients in public places, that tolerance becomes the norm. If the work environment tolerates the sharing of medical record accounts, that habit becomes the pattern. Strong legal awareness requires the ability to distance oneself from group norms when those norms conflict with the obligation of confidentiality. The ability to distance oneself requires professional courage, as reprimanding colleagues can trigger tension. However, in legal discipline, social tension cannot be used as a justification for ignoring patient rights. Normative discussions place this as an issue of integrity, namely the correspondence between knowledge and action. Integrity is formed by the repetition of small decisions. Small decisions include closing screens when visitors are present, delaying conversations until the room is closed, and using official channels for sending information. Thus, legal awareness needs to be seen as a trained habit, not merely knowledge.

The organizational structure of healthcare services affects the distribution of responsibility for confidentiality (Iraburu et al., 2006). Some facilities centralize data management in the medical record unit, some delegate many affairs to clinical units, and others use information system vendors. In complex structures, leaks can occur due to blurred authority. Healthcare personnel may assume that data security is a matter of technology, while technology staff may assume that access restriction is a clinical matter. Legal awareness demands the understanding that confidentiality is a shared obligation that requires a clear division of tasks. A clear division of tasks helps determine who is authorized to grant access, who is authorized to provide copies, and who is authorized to respond to requests from external parties. In the normative realm, this division of tasks is part of accountability. Accountability means there is a party that can be held responsible when standards are violated. If the division of tasks is not firm, corrective actions are difficult to take, and errors tend to be repeated. The legal awareness of healthcare personnel within a good organization will be seen in the habit of referring requests to the appropriate channels, rather than resolving them alone with shortcuts. Shortcuts often sacrifice purpose limitation and increase risks.

Legal awareness also touches on the issue of recording consent and documenting information disclosure (Kent & Domino, 2007). In service, there are times when information disclosure is justified, for example for referrals or coordination with other facilities. Justified disclosure still requires adequate documentation, because documentation maintains traceability and protects the patient from the widening use of information. Legal awareness demands that healthcare personnel understand that documentation is not merely an administrative burden. Documentation is part of the protection of rights, because patients can assess what is done with their information. Documentation also protects healthcare personnel, because decisions made can be tested based on records, not based on memory. In normative discussions, good records must include the purpose of disclosure, the recipient, the type of information disclosed, and the basis of consent or the basis of obligation. Without these elements, disclosure is vulnerable to being misinterpreted. Furthermore, documentation helps the organization evaluate patterns of third-party requests and repetitive disclosure patterns. Such evaluation is important

for improving governance. Good legal awareness will reject the practice of disclosing information without a trace, for example by conveying summaries via informal conversations without notes, because such practices negate accountability and open space for abuse.

Medical confidentiality in emergency situations is often understood as an excuse to ignore procedures, even though emergencies demand higher precision (Gert, 2005). Emergencies may require rapid communication to save lives, for example in the coordination of resuscitation teams or emergency referrals. Legal awareness demands a distinction between legitimate acceleration and unnecessary relaxation. Legitimate acceleration means speeding up the communication flow while maintaining recipient and content limitations. Unnecessary relaxation occurs when information is shared with individuals who are not involved, or when conversations are held in audible spaces. In normative discussions, emergencies do not erase the obligation of confidentiality, but rather change the measure of need. Need is measured by the goal of rescue and safety. Therefore, legal awareness also includes the ability to compile minimal summaries sufficient for rapid action. Minimal summaries reduce the chance of leakage. Furthermore, after an emergency ends, legal awareness demands re-ordering ensuring documentation is correct, ensuring access is limited again, and ensuring no copies remain on personal communication channels. Thus, emergencies become a test of discipline, not an excuse to lower standards.

Medical confidentiality is also related to workload and time pressure. When healthcare personnel handle many patients, the urge to choose the fastest path increases (Olorunfemi et al., 2024). A fast path can take the form of asking a colleague to access data via an already open account, sending photos of examination results, or conveying patient information through brief conversations in public places. Legal awareness demands the ability to assess that efficiency which sacrifices privacy is a false efficiency. False efficiency accelerates work at the moment but can cause long-term losses in the form of loss of patient trust, conflict with family, and the risk of sanctions. In normative reasoning, workload does not eliminate obligation (Gantman et al., 2020). Workload is a reason to improve governance, not a reason to reduce patient rights. Legal awareness also demands the ability to manage emotions under pressure, because

violations often occur when people are tired and not careful. Confidentiality discipline needs to be viewed as a skill that must become automatic, similar to the habit of hand hygiene. When skills become automatic, time pressure does not immediately lower quality. Thus, stable legal awareness is awareness that is able to survive under pressure, not awareness that only appears in ideal situations.

Differences in education levels and experience between healthcare personnel can result in variations in understanding confidentiality (Beltran-Aroca et al., 2019). Some interpret confidentiality very strictly and are reluctant to share information even with authorized teams. Others interpret confidentiality loosely and easily disclose information for the convenience of communication. In normative discussions, these two extremes are equally problematic. Interpretation that is too strict can interfere with clinical coordination and lower patient safety. Interpretation that is too loose eliminates purpose limitation and increases leakage. Proper legal awareness lies in the ability to assess authority and needs in a balanced manner. Balanced here means prioritizing the goal of care while still maintaining the patient's right to privacy. Balance demands an understanding of the structure of authority, such as who is part of the care team and who is not. Balance also demands an understanding of the basis of consent, including when consent can be considered implied for internal coordination and when it must be explicit for third parties. Thus, legal awareness requires uniform operational standards so that variations in interpretation are reduced. Operational standards help unify cross-professional actions without sacrificing the necessary clinical flexibility.

Medical confidentiality is also related to professional ethics, but legal awareness is not identical to ethical awareness. Ethics can emphasize kindness, empathy, and the therapeutic relationship. Law emphasizes obligations, limits of authority, and accountability when violations occur. Healthcare personnel are often more comfortable talking about ethics than about law, because the language of ethics feels closer to service. However, without legal awareness, ethics can become general and provide no guidance in complex situations such as requests from authorities, employers, or the media. Legal awareness demands that healthcare personnel understand that patient rights and the obligation of confidentiality have a normative basis that can be tested. This testing

requires knowledge of procedures and the legitimacy of requests. In normative discussions, the integration of ethics and law means placing empathy within a framework of boundaries. Empathy without boundaries can encourage information disclosure to diffuse family tension. Conversely, boundaries without empathy can trigger conflict and mistrust. Mature legal awareness unites both by conveying refusals in a civilized manner, conveying relevant information, and offering formal channels when outsiders require information. Thus, legal awareness does not reduce the quality of the relationship, but rather protects the relationship from damage due to violations, especially in ensuring legal protection for patients at various levels of healthcare facilities, in transplantation procedures, as well as palliative care services (Tampil et al., 2023; Mubasyiroh & Issalillah, 2023; Agustina et al., 2024).

Legal awareness can also be tested in error management. When an improper disclosure of information occurs, the response of healthcare personnel and the organization determines whether the patient's rights are restored or ignored. Normative discussion places restoration as part of accountability, because confidentiality is not just about prevention, but also about responsibility after a violation. Legal awareness demands the recognition that violations can occur through negligence, not just malicious intent. Therefore, internal reporting mechanisms need to be understood as tools for improvement, not merely as tools for punishment. If a reporting mechanism is perceived as a threat, violations will be hidden, and the risk of recurrence increases. Legal awareness encourages directed, limited openness reporting through legitimate channels, documenting events, assessing the scope of disclosed information, and taking re-preventative steps. Furthermore, legal awareness demands appropriate communication to the patient if necessary, because the patient has the right to know about the use of their information. The method of communication must maintain the patient's dignity and maintain the order of service. Thus, legal awareness must be understood as the capacity of organizations and individuals in handling violations responsibly, not merely the ability to avoid violations.

The relationship between medical confidentiality and clinical education requires special attention because education often takes place in service spaces (McKimm, 2010). Trainees require access to learn, but this access must be regulated. The legal awareness of healthcare personnel

includes the obligation to ensure that trainees understand the obligation of confidentiality before becoming involved in clinical activities. Without that understanding, trainees may discuss cases outside the facility, carry notes containing identities, or share stories on social media. Clinical supervisors have a responsibility to instill the habits of identity restriction, discussion space restriction, and note storage restriction. In the normative realm, learning access must be placed under the principle of need-to-know and the principle of respecting patient dignity. Legal awareness also demands the regulation of how trainees are introduced to patients, including explanations regarding their status and the patient's right to accept or refuse involvement. When patients are given a choice, trust increases. If a choice is not given, patients may feel treated as objects. This feeling can damage the therapeutic relationship. Thus, clinical education must be understood as a space that requires the strengthening of legal awareness, because the number of people involved increases and the opportunity for leakage grows.

The legal awareness of healthcare personnel regarding patient medical confidentiality is formed through the interconnectedness of knowledge of norms, work habits, and an understanding of justified exception boundaries. Knowledge provides a framework regarding what is mandatory and what is prohibited. Work habits determine whether that framework becomes a consistent action in communication, documentation, and access management. Understanding the boundaries of exceptions determines whether the disclosure of information is conducted proportionally or exceeds the purpose. These three elements reinforce one another. Knowledge without habits becomes a declaration. Habits without knowledge become routines that are vulnerable to error. Understanding exceptions without the discipline of purpose limitation turns into broadening justifications. Therefore, legal awareness needs to be understood as a practical competence that operates in micro-situations, such as how to speak in corridors, how to store files, how to provide referral summaries, and how to respond to families. In normative discussions, this competence is part of professionalism, because professionalism demands accountability toward patient rights. Thus, maintained medical confidentiality is not the result of one rule, but the result of the regularity of repeated and measurable actions, supported by comprehensive legal analysis in the use of data technology to prevent discrimination for healthcare service users (Bashori et al., 2024).

## Conclusion

The legal awareness of healthcare professionals toward patient medical confidentiality is a structure that unifies knowledge of confidentiality obligations, professional orientation toward patient dignity, and behavioral habits in managing communication and data. Medical confidentiality cannot be positioned merely as a prohibition against disclosure, as modern care demands the legitimate exchange of information within teams and during referrals. Legal awareness operates when healthcare professionals are able to apply the principles of "need to know" and "purpose limitation" to every transfer of information, whether through conversation, documents, or electronic systems. At the same time, legal awareness demands a firm understanding of the boundaries of disclosure to families and third parties, as well as an understanding of normatively justified exceptions. Exceptions are not understood as a free space, but rather as proportional and accountable disclosure. Within this framework, legal awareness can be understood as an operational discipline that maintains patient trust, supports safety, and ensures accountability in healthcare services.

The implications and suggestions emphasize the need for conceptual organization followed by the strengthening of governance at the institutional level so that legal awareness manifests as a consistent habit. In the realm of professional education, confidentiality materials need to be directed toward the skills of assessing information relevance, evaluating recipient authority, and organizing secure communication under time pressure. In the organizational realm, the distribution of access authority, procedures for providing information to third parties, and documentation procedures for information disclosure must be made clear and understood uniformly across units. In the realm of work culture, leadership and supervision are necessary to prevent the normalization of patient conversations in public spaces, the use of shared accounts, and the utilization of insecure communication channels. Furthermore, internal reporting mechanisms for violations should be understood as a means for improvement and accountability recovery, ensuring that errors are not hidden and standards can be raised. Future research based on written sources can expand the discussion on the relationship between privacy, patient safety, and institutional accountability within an increasingly digitalized service architecture.

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