

What is an Electronic Health Record (EHR)?

An Electronic Health Record (EHR) is an electronic version of a patient's medical history that is maintained by the provider over time including administrative and clinical data relevant to patients' care under that provider. EHRs can include demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. The EHR automates access to patient health care information and can support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.

EHRs continue to advance health care delivery and can strengthen the relationship between patients and clinicians. The timeliness and availability of patients' health care data enable providers to make better decisions and provide better care.

EHRs improve patient care a variety of ways, including:

- Reducing medical errors by improving the accuracy and clarity of medical records;
- Making information available for electronic health information exchange to reduce duplication of tests and reducing delays in treatment; and

Allowing patients to make well-informed decisions by providing patients access to their health information.