

Type: Research Article

Legal Liability for Patient Medical Record Data Integration through *SATUSEHAT* System

Fransnarco Mentari Wijaya 

Faculty of Law, University of 17 Agustus 1945 Semarang, Indonesia

E-mail: fransnarco@gmail.com

Edi Pranoto 

Faculty of Law, University of 17 Agustus 1945 Semarang, Indonesia

E-mail: pranoto.edi@gmail.com

ABSTRACT

This study discusses the legal responsibility for integrating medical record data through the SATUSEHAT Information System. The main problem discussed in this study is the legal obligation to incorporate medical record data through SATUSEHAT. This study aims to analyze the regulations governing the commitment to integrate medical data through SATUSEHAT. This study uses a normative legal research method. The study results indicate that positive law in Indonesia requires the integration of medical record data through SATUSEHAT, to increase the effectiveness of health services. The sanctions imposed on parties who do not comply with this obligation are administrative. This study concludes that the obligation to integrate patient medical record data through SATUSEHAT is an important part of the national health information system. Noncompliance with this obligation will be subject to administrative sanctions that can affect the smoothness of health services.

KEYWORDS

Legal
Liability;
Integration;
SATUSEHAT



Copyright ©2025 by Author(s); This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License. All writings published in this journal are the personal views of the authors and do not represent the views of this journal and the author's affiliated institutions.



INTRODUCTION

The 1945 Constitution of the Republic of Indonesia mandates that everyone has the right to a good and healthy living environment and the right to obtain health services (Article 28 H paragraph (1) of the 1945 Constitution). The provisions in the 1945 Constitution are then implemented in Law Number 36 of 2009 concerning Health. Based on the mandate of the Law, everyone has the right and obligation to obtain optimal health so the improvement of health status must be continuously pursued to fulfill the right of every citizen to live healthily.¹

Health is a human right, everyone has the right to live properly, both for personal and family health. The development of digital technology in society has also resulted in the digitalization transformation of health services so that medical records need to be organized electronically with the principles of security and confidentiality of data and information. Digitalization in health has an important role in improving service quality and efficiency. Previously, patient data administration in health facilities was still done manually. Patients are required to fill out forms repeatedly every time they seek treatment, even when moving to a higher health facility. This process is not only time-consuming and labor-intensive but also has the potential risk of data loss and difficulty in accessing information.² While the SATUSEHAT platform has opened the door for easier access to health information and public services by integrating individual health data between healthcare facilities (*fasyankes*) in the form of electronic medical records (RME), it raises serious questions about the ethics of information technology, especially about user data privacy. User data privacy is a central aspect that must be seriously considered in the development and implementation of platforms such as 'SatuSehat'.

Changes to the Ministry of Health's Strategic Plan are a logical consequence when the health sector is transformed. The changes include 6 (six) principles referred to as the pillars of health transformation which are also a form of translation of national health system reform. 6 (six) Pillars in health transformation support the health system in Indonesia. Among them are: 1) Primary care transformation, 2) Referral service transformation, 3) Transformation of the health resilience system, 4). Transformation of the health financing system, 5) Transformation of health human resources, and 6) transformation of health technology.³

The SatuSehat system is a concrete manifestation of the sixth pillar of health system transformation, namely the health technology transformation pillar, which was initiated by Minister of Health Budi Gunadi. The system is expected to support the implementation of the other five pillars of health system transformation. Although the SATUSEHAT System offers many benefits, such as easy access to data and integration of health services, there are some negative impacts to be aware of,

¹ Anastasia Susilo Handayani, *Implikasi Medis Elektronik Melalui Sistim Informasi Puskesmas (SIMPUS) (Studi Kasus di Puskesmas Temanggung)* Universitas Katholik Soegijapranata, (2023) [unpublished].

² Fitriyanti Dina, *Perlindungan Hukum Data Pasien Pada Aplikasi SATUSEHAT Berdasarkan Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 Tentang Rekam Medis* UIN Syarif Hidayatullah Jakarta, (2024) [unpublished].

³ Handayani, *supra* note 1.



such as potentially resulting in data leakage, privacy violations, and user misinterpretation.

In the increasingly connected era of globalization, the collection, processing, and storage of personal data has become a very important element in such digital services. In practice, there have been many criticisms and protests from the public regarding the insecure protection of personal data in the SATUSEHAT System. Negligence in securing users' data, especially those of a sensitive nature, can lead to various problems related to privacy violations, such as identity abuse, therefore, as stated in Government Regulation No 71 of 2019 concerning the Implementation of Electronic Systems and Transactions, the government's role in protecting the public interest from all types of disturbances as a result of misuse of Electronic Information and Electronic Transactions that disturb public order is explained.⁴

Controversy occurs in the community, namely that this platform is considered to take a lot of sensitive personal data. Personal data is data in the form of identity, code, symbol, letter or number of a person's marker that is private." The General Data Protection Regulation (GDPR) outlines the specific scope of personal data, which includes name, identity number, location data, online identifier, or one or more specific components related to the physical, physiological, genetic, mental, economic, cultural or social characteristics of a person. Based on the Regulation of the Minister of Communication and Information Technology No. 20 of 2016 concerning Personal Data Protection in Electronic Systems, personal data can be defined as certain individual data that is stored, maintained, and kept correctly and protected by confidentiality.⁵

Providing a good understanding of patient medical record data protection regulations by all parties, such as health workers, health service providers, application developers, and patients, is very important. Knowledge of patient rights and obligations of the parties involved in managing patient data can minimize violations and increase public trust in the health system. Therefore, compliance with regulations is also key. Health service providers must implement a strong data security system and ensure access to patient data is only granted to authorized parties. However, understanding and compliance with regulations are still not optimal. This can be seen from the many cases of violations of patient data privacy and security.⁶

Information uploaded by the Ministry of Communication and Information regarding news related to the issue of leakage of Covid-19 Patient Data is the most *aptika* field issue with a total of 29 print, online, and television media coverage. One example of a data leak case was uploaded on the Raid Forum. Raid Forum is an online platform that often exposes data leaks. This site belongs to the category of surface web that can be accessed easily by anyone without the need for special software such as Tor Browser. This online forum is used as a discussion place for its

⁴ Inggrit Rismauli Siahaan et al, "Analisis Praktik Perlindungan Data Pribadi pada Aplikasi 'SatuSehat' terhadap Regulasi Hukum di Indonesia" (2024) 18:1 J Teknoinfo 141-150.

⁵ Rahmadi Indra Tektona, Fendi Setyawan & Frederica Prima, "Kepastian Hukum Pemilik Data Pribadi Dalam Aplikasi Satu Sehat" (2023) 20:1 J Legis Indones 28-41.

⁶ Dina, *supra* note 2.



members regarding data breach activities.⁷ Astarte informed that the documents belonging to the Ministry of Health that were sold contained data with these documents containing patient medical information from various hospitals, totaling 720 GB of data. The uploader on the forum also included 6 million sample data samples, containing, among others, the patient's full name, hospital, patient photo, COVID-19 test results, and X-ray scan results. In addition to those mentioned, the leaked data also contains patient complaints, referral letters from the Health Social Security Organizing Agency (BPJS Kesehatan), radiology reports, laboratory test results, and approval letters to undergo isolation for COVID-19.⁸

Given the importance of patient medical record data protection regulations in the form of legal liability by all parties, such as health workers, health service providers, application developers, and patients, knowledge of patient rights and obligations of related parties in patient data management can minimize violations and increase public trust in the health system. Therefore, the integration of SATUSEHAT into the national health information system is very important. Ethical considerations in information technology also play a role in building public trust in Platforms such as 'SatuSehat', which can influence the adoption and success of the System.

METHOD

This research is normative legal research or library legal, namely legal research conducted by examining library materials or secondary data.⁹ The approach method used is a statute approach because what will be studied are various rules of law that are the focus and central theme of the research.¹⁰ In addition to the statutory approach, the approach used is conceptual, namely an approach that departs from the views and doctrines that have developed in law, especially about the issues discussed in this study.

The sources of legal materials in this research are primary legal materials in the form of legislation products, secondary legal materials in the form of legal literature books, legal scientific magazines, legal journals, and various papers and other forms of legal scientific writing, tertiary legal materials in the form of legal dictionaries, encyclopedias and others that can explain primary and secondary legal materials.¹¹ The technique of collecting legal materials is carried out by inventorying various laws and regulations, and various literatures by conducting intensive discussions. The collection of research materials is also carried out through the internet to obtain various research materials to complement the materials that have been obtained from laws regulations and literature.

⁷ Farid Assifa, "7 Data Bocor yang Diungkap Raid Forums sebelum Diblokir Kominfo", (2021), online: *Kompas* <https://www.kompas.com/tren/read/2021/05/22/205006565/7-data-bocor-yang-diungkapraid-forums-sebelum-diblokir-kominfo?page=all#google_vignette>.

⁸ Leski Rizkinaswara, "Kominfo Merespons Dugaan Kebocoran Data Milik Kemenkes", (2022), online: *Kominfo* <<https://aptika.kominfo.go.id/2022/01/kominfo-merespons-dugaan-kebocoran-data-milik-kemenkes/>>.

⁹ Soerjono Soekanto & Sri Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat* (Jakarta: Raja Grafindo Persada, 2010).

¹⁰ Johnny Ibrahim, *Teori dan Metodologi Penelitian Hukum Normatif* (Malang: Bayumedia Publishing, 2006).

¹¹ *Ibid.*



Processing and analysis of legal materials are carried out by classifying legal materials that have been collected, looking for their relationship with each other by using deductive and inductive reasoning to produce propositions, and legal concepts regarding supervision. The analysis used is descriptive-analytic which is carried out by describing, analyzing, systematizing, interpreting, and evaluating positive law.¹² In addition, analysis of the legal materials obtained is also carried out using qualitative analysis. Qualitative analysis means describing quality data in the form of sentences that are organized, sequential, logical, non-overlapping, and effective, to facilitate data interpretation and understanding of the results of the analysis.¹³

RESULT & DISCUSSION

I. Mandatory Regulation of Medical Record Data Integration in SATUSEHAT System

The integration of information system data in Article 1 of the Health Law explains that the Health Information System is a system that combines various stages of processing, reporting, and utilization of information that is very important to improve the effectiveness and efficiency of health program implementation. The SATUSEHAT system is designed to provide support in making the right decisions, which in turn will support the overall development of the health sector.¹⁴ With an integrated information system, it is expected that health-related data management can be more accurate, accessible, and efficient on a national scale managed by the Indonesian Ministry of Health. SATUSEHAT aims to facilitate access to patient medical record data from various health service providers (hospitals, clinics, health centers, etc.) throughout Indonesia, as well as to support national health policies.

Furthermore, the health information system through the SATUSEHAT Platform not only focuses on data collection, but also plays a role in directing various actions needed to improve the quality of health services throughout Indonesia, and also supports long-term health development goals. With the integration and standardization of centrally managed data, it is expected that this information system will strengthen national efforts in addressing health issues. This includes processing data that can be used to formulate better policies, as well as responding to the needs of the community on health issues. The SATUSEHAT system allows patient medical record data to be accessed by various connected health services, facilitates information exchange between health institutions, and ensures continuity of patient care across different health facilities. In this context, it is important to have a system that not only records and reports but also integrates all health-related information. This system makes it easier for the government and related agencies to make policies that have a direct impact on improving health services and preventing and treating diseases. All activities in the integration carried out through the SATUSEHAT system are facilitated by the Minister as stipulated in Article 8 (1) of Permenkes No. 24 2022.

¹² Sudikno Mertokusumo, *Penemuan Hukum Sebuah Pengantar* (Yogyakarta: Liberty, 2006).

¹³ Abdulkadir Muhamad, *Hukum dan Penelitian Hukum* (Bandung: Citra Aditya Bakti, 2004).

¹⁴ Fradhana Putra Disantara et al, "Sistem Hukum Penanggulangan Darurat Kesehatan dalam Perspektif Omnibus Law: Relasi terhadap Hak Asasi Manusia" (2024) 5:2 J Interpret Huk 1120–1130.



Article 345 of the Health Law also states that to conduct effective and efficient Health Efforts, the Health Information System is organized by: a. Central Government; b. Local Government; c. Health Service Facilities; and d. the community, both individuals and groups. On the other hand, the organizers are required to integrate the Health Information System with the National Health Information System. In the context of medical record data integration, it must also be by the obligation of Health Service Facilities to organize medical records as stated in Article 173 paragraph (1). Medical records in this case are documents containing data on the patient's identity, examination, treatment, actions, and other services that have been provided to the patient made using an electronic system intended for the implementation of medical records. Not only that, Article 296 paragraph (1) also states that every medical and health worker who provides individual health services is obliged to make medical records.

Furthermore, Article 298 paragraph (1) of the Health Law states that the Ministry that organizes government affairs in the field of health is responsible for organizing medical record data management in the context of national health data management. Medical record data management includes policy formulation, collection, processing, storage, security, data transfer, and supervision. On the other hand, the importance of data integration of this information is marked as Article 300 paragraph (1) of the Health Law which states that in organizing public health efforts, medical and health workers are required to make health service records. The health service records can be integrated into the patient data system which is integrated with the National Health Information System, in this case through the SATUSEHAT system. It should also be noted that Article 347 paragraph (1) of the Health Law states that the Health Information System Operator must ensure the reliability of the Health Information System which includes: a. availability; b. security; c. maintenance; and d. integration.

High-quality and well-integrated healthcare information is usually derived from clinical data that is neatly documented in medical records. With the development of electronic medical records, every data entry directly becomes part of the health information system/management input, which helps in the process of documenting clinical data derived from medical records. Regulation of the Minister of Health of the Republic of Indonesia Number 269/Menkes/Per/III/2008 concerning Medical Records has explained that medical records have a very important and complex role. The function of medical records covers various fields, such as health maintenance and patient treatment, evidence in law enforcement, discipline and enforcement of medical/dental ethics, education, and research purposes, the basis for financing health services, as well as a source of statistical data and health reporting. For the function of medical records to be carried out optimally, data filling in the health information system must be carried out completely and accurately.¹⁵

Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning Regulations for the Implementation of Law Number 17 of 2023 Concerning Health (PP Health) as Article 781 (1) further regulates that electronic medical records are part of the Health Information System of Health Service

¹⁵ Angga Eko Pramono, Nur Rokhman & Nuryati, "Telaah input data sistem informasi kesehatan di Puskesmas Gondokusuman II Kota Yogyakarta" (2018) 3:1 J Kesehat Vokasional 44–52.



Facilities and must be integrated with the National Health Information System. Furthermore, Article 946 (1) states that the Health Information System is organized by: a. Central government; b. Local government; c. Health Service Facilities; and d. the community, both individuals and groups.

Furthermore, Article 947 (1) of the Health Government Regulation states that the Health Information System organizer must integrate the Health Information System with the National Health Information System. The integration referred to is an effort to ensure that each Health Information System is connected to the National Health Information System by the provisions of laws and regulations. The emergence of Regulation of the Minister of Health of the Republic of Indonesia Number 18 of 2022 concerning the Implementation of One Data in the Health Sector through the Health Information System also makes the integration of medical record data necessary and mandatory.

Several new policies related to Electronic Medical Records according to Permenkes No. 24 of 2022 include; Electronic medical records (RME) must be held by all health service facilities (article 3) and given a transition time no later than December 31, 2023 (Article 45). The obligation to organize RME by Health Service Facilities (Fasyankes) includes telemedicine services by Fasyankes (article 4). All health facilities must have an electronic system and the implementation of RME must follow variable and metadata standards including definitions, formats, and codification including data exchange protocols set by the Ministry of Health (Articles 10,11). The patient has the right to obtain the contents of his/her medical record and provide access with the patient's consent (Article 26). Referral health facilities have the right of access to the contents of a patient's electronic medical record upon consent (Article 24), and health facilities must be connected through an integrated platform.¹⁶

Article 20 (1) Electronic Medical Record Storage is an activity of storing Medical Record data on digital-based storage media at Health Service Facilities. (2) Electronic Medical Record storage must guarantee the security, integrity, confidentiality, and availability of Electronic Medical Record data. (3) Digital-based storage media in the form of: a. server; b. the certified cloud computing system by the provisions of laws and regulations; and/or c. other digital-based storage media based on the development of technology and certified information. (4) Health Service Facilities that perform storage through digital-based storage media must have a backup system. (5) Data backup (backup system) is carried out with the following provisions: a. placed in a different place from the location of the Health Service Facility; b. carried out periodically, and c. outlined in the standard operating procedures of each Health Service Facility.

II. Legal Liability for Medical Record Data Integration through SATUSEHAT System

The mandatory integration of medical record data through SATUSEHAT means that parties who are obliged to implement data integration must be involved and carry out their obligations. If their obligations are not fulfilled, the party must be legally responsible. Legal liability is closely related to the concept of rights and obligations.

¹⁶ Handayani, *supra* note 1.



The concept of rights refers to the understanding that rights are always linked to obligations. In general, the rights a person has are always related to the obligations of others. One concept that relates to legal obligations is legal responsibility. This means that a person can be held legally accountable for his actions, and he will face sanctions if his actions violate applicable regulations.¹⁷

Every health institution involved in managing such data must comply with applicable legal provisions. One of the obligations that must be fulfilled is the filling of complete and accurate data into SATUSEHAT, including patient medical and social data. This obligation is not only related to the quality of health services but also to the protection of patient rights and transparency in the management of medical information. Therefore, any errors or omissions in entering data may lead to legal consequences, which are regulated in the applicable regulations. In the event of a violation, sanctions can be Administrative (Fines, warnings, or suspension of data management activities.) and Criminal (Based on Article 67 of the PDP Law, misuse or negligence in protecting personal data can be sentenced to up to 6 years in prison or a maximum fine of Rp6 billion).

Forms of Legal Liability for Losses Due to Data Leakage In the event of a data leak, the Ministry of Health as a Data Controller is obliged to notify the leak to affected party within a maximum of 72 hours after discovery. Take recovery steps, such as strengthening security systems. If proven negligent, the government can be sued civilly by aggrieved individuals. **Data Security Commitment** The Ministry of Health is responsible for ensuring that SATUSEHAT infrastructure has high-level security systems to protect medical record data, such as encryption, firewalls, and limited access based on authorization. Violation of this obligation can be categorized as negligence of the government institution, which provides a legal basis for the public to file a lawsuit.

By Health Law Number 17 of 2023, the health information system must be managed properly to support the development of the health sector. This data integration obligation is not only limited to recording and reporting but also to standards and procedures that must be followed by medical officers and health facilities. If this obligation is not implemented properly, administrative sanctions may be imposed to encourage compliance with the regulations.

Administrative sanctions applied to those who do not fulfill the obligation to integrate medical record data are preventive and corrective. The sanctions can be in the form of verbal warnings, written warnings, and dismissals aimed at ensuring that health facilities comply with existing regulations. In hospitals, this is regulated as Article 189 paragraph (2) of the Health Law. The application of these sanctions aims to maintain the quality of medical data management and ensure that existing data can be used to support evidence-based health policies. Thus, every healthcare provider is obliged to understand and carry out data integration obligations carefully, so as not only to fulfill legal provisions but also to provide maximum benefits.

¹⁷ Ridwan HR, *Hukum Administrasi Negara* (Jakarta: Raja Grafindo Persada, 2011).



CONCLUSION

The integration of medical record data through the SATUSEHAT Information System is an important step in improving the effectiveness and efficiency of the health information system in Indonesia. The obligation to integrate this data not only aims to improve the quality of health services but also to ensure accurate and comprehensive medical information management to support data-driven health policies.

SatuSehat is a broader and integrated government program, aiming to build a health data ecosystem that can connect various health information systems in Indonesia, including hospitals, health centers, laboratories, and other health facilities. And to build interoperability between various existing health data systems, enabling the exchange of health data between health facilities and services more easily and efficiently. This program involves various parties, ranging from health facilities (hospitals, *puskesmas*, clinics), the government, to the community to improve the quality of services and health data management. Based on the applicable regulations, every health facility is required to enter complete and accurate data, taking into account compliance with established standards and procedures. On the other hand, medical record data management must be carried out carefully and by existing regulations, to ensure the protection of patient rights and the quality of health services. Administrative sanctions are imposed for those who do not comply with this obligation, to improve data management and encourage compliance with applicable regulations.

DECLARATION OF CONFLICTING INTERESTS

The authors state that there is no conflict of interest in the publication of this article.

FUNDING INFORMATION

None.

ACKNOWLEDGMENT

None.

REFERENCES

BOOK

- Dina, Fitriyanti, *Perlindungan Hukum Data Pasien Pada Aplikasi SATUSEHAT Berdasarkan Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 Tentang Rekam Medis* UIN Syarif Hidayatullah Jakarta, 2024) [unpublished].
- Handayani, Anastasia Susilo, *Implikasi Medis Elektronik Melalui Sistem Informasi Puskesmas (SIMPUS) (Studi Kasus di Puskesmas Temanggung)* Universitas Katholik Soegijapranata, 2023) [unpublished].
- HR, Ridwan, *Hukum Administrasi Negara* (Jakarta: Raja Grafindo Persada, 2011).
- Ibrahim, Johnny, *Teori dan Metodologi Penelitian Hukum Normatif* (Malang: Bayumedia Publishing, 2006).



- Mertokusumo, Sudikno, *Penemuan Hukum Sebuah Pengantar* (Yogyakarta: Liberty, 2006).
- Muhamad, Abdulkadir, *Hukum dan Penelitian Hukum* (Bandung: Citra Aditya Bakti, 2004).
- Soekanto, Soerjono & Sri Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat* (Jakarta: Raja Grafindo Persada, 2010).

JOURNAL

- Disantara, Fradhana Putra et al, "Sistem Hukum Penanggulangan Darurat Kesehatan dalam Perspektif Omnibus Law: Relasi terhadap Hak Asasi Manusia" (2024) 5:2 J Interpret Huk 1120–1130.
- Pramono, Angga Eko, Nur Rokhman & Nuryati, "Telaah input data sistem informasi kesehatan di Puskesmas Gondokusuman II Kota Yogyakarta" (2018) 3:1 J Kesehat Vokasional 44–52.
- Siahaan, Inggrit Rismauli et al, "Analisis Praktik Perlindungan Data Pribadi pada Aplikasi 'SatuSehat' terhadap Regulasi Hukum di Indonesia" (2024) 18:1 J Teknoinfo 141–150.
- Tektona, Rahmadi Indra, Fendi Setyawan & Frederica Prima, "Kepastian Hukum Pemilik Data Pribadi Dalam Aplikasi Satu Sehat" (2023) 20:1 J Legis Indones 28–41.

WEBSITE

- Assifa, Farid, "7 Data Bocor yang Diungkap Raid Forums sebelum Diblokir Kominfo", (2021), online: *Kompas* <https://www.kompas.com/tren/read/2021/05/22/205006565/7-data-bocor-yang-diungkapraid-forums-sebelum-diblokir-kominfo?page=all#google_vignette>.
- Rizkinaswara, Leski, "Kominfo Merespons Dugaan Kebocoran Data Milik Kemenkes", (2022), online: *Kominfo* <<https://aptika.kominfo.go.id/2022/01/kominfo-merespons-dugaan-kebocoran-data-milik-kemenkes/>>.