Abstract: It is apparent that informed consent is one of the indispensable parts in health system and it is getting more and more significant today. In our country like other parts of the world it must be considered more. Information from review of medical charts is often used to carry out audits, perform non-interventional observational studies, create disease registries, and do other types of health services research. Informed consent is not always necessary for these types of research, which involve abstraction of data from patients' records. Many such studies do not influence practice or patients' outcomes and therefore confer no risk and no benefit to participants. That notwithstanding, recent legislation to protect the privacy and confidentiality of patients' information in medical research introduced in many jurisdictions (for example, the regulations to the Health Insurance Portability and Accountability Act in the United States) has resulted in increased requests from research ethics boards to obtain informed consent to use data from medical records for such observational studies. As early as 1977 concerns were voiced about the possible negative impact of privacy laws on epidemiological research. More recently, editorial reviews highlighted the negative impact of mandatory informed consent on observational research through conservative interpretation of privacy legislation.

As with many other aspects of research, requirements for informed consent to use data from medical records vary across research ethics boards within and among countries. For example, in a multisite study involving a review of children's charts who presented to emergency departments with bronchiolitis, 34 research ethics boards arrived at divergent requirements for consent at their institutions, ranging from none to mandatory written consent. Four of the invited 34 sites did not participate owing to the investigator perceived hurdles with research ethics boards pertaining to informed consent.