

Table 3
PHR Summary

Term	Personal Health Record (PHR)
Purpose	“Enable[s] people electronically to manage their health information and that of others for whom they are authorized.” ¹
Owner (who enters information)	Patient or institutions associated with patient (e.g., payer or employer)
Information included	<p>Personal information Family medical history Immunization history and planner Allergies to food and drugs History of personal illnesses or past procedures Medications and supplements Contact information for other healthcare practitioners, clinics, etc.</p> <p><i>Additional optional or possible information:</i> Vital signs recording Graphing and trending of health data Visit information Lab and radiology results Medical record security audit Mental illness history Discharge summaries Daily living habits (smoking, diet, exercise, etc.) Drug interaction checks Health goals and planning Reputable medical education sources Links to other healthcare services Medical information resources (such as a medical test handbook that provides a listing and description of different medical tests) Listings of healthcare providers in local areas Scheduling functions and appointment requests Reminders or e-mail notification of appointments Live data exchange with healthcare practitioners Online communities and chat rooms Event listings Product shopping Emergency card or member card IDs²</p>
Interoperability	Depends on the particular product
Accessibility	Depends on the particular product

Sources

1. Huang, X. “Personal Health Record (PHR) Keeping.” iHealth: Taking Control of Personal Healthcare. 2004. Available at www.cs.umd.edu/hcil/iHealth/personal_records.htm (accessed April 12, 2006).
2. Ibid.