Page 7 point 2. This point seems to be difficult to put into practice as regards the patients' right of inspection. This right should be limited, e.g. in psychiatry.

Furthermore users of the EHR might wonder to what extend data are complete and usable if the discussion on alcohol and drug addiction between the data possessor and the physician using EHR leads to data suppression.

The question of whether and how to include data on, e.g. abortions, psychiatric treatment, aesthetic surgery, addiction, HIV positive test results etc. into the EHR system remains to be answered. In case these data shall be included, can the patient prevent entry of such data as they might disclose the patient's ideology? (saving data of that nature would be forbidden) How would this affect public interest exemptions?

⇨ Is it in the interest of medical professionals to allow patients full access to their data?
⇨ How well would the EHR system be accepted if many patients requested an „opt out"? What happens if only a few make use of this, would the patient then be medically assumed to be addicted or HIV positive?
⇨ How are backups initiated and saved so that an EHR centre can not become the target of terrorist attacks?
⇨ How does the system deal with international migrants, who were included in the EHR system in Japan for a year, then in the US EHR system for two years and now in the German EHR system?