Original Research

Intimate Partner Violence and OpenNotes: Challenges and Opportunities

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Abstract

Purpose of Review: Intimate partner violence (IPV) is a widespread public health issue with significant physical and psychological consequences. OpenNotes, which allows patients to view their clinical notes, presents an opportunity to enhance care for survivors by fostering transparency, trust, and patient engagement. This review provides background information on OpenNotes specifically as it relates to IPV and proposes practical recommendations for forensic nurses and clinicians in healthcare settings. Methods: We conducted a literature review of peer-reviewed publications about OpenNotes or trauma-informed IPV documentation. The writing team using an iterative process synthesized and summarized how OpenNotes can be used to support trauma-informed IPV care. Subject matter experts from various disciplines (nursing, psychiatry and social services provided feedback on the summary synthesis.

Key Findings and Recommendations: best practices for leveraging OpenNotes to support IPV survivors, including strategies for sensitive documentation, shared decision-making, and interdisciplinary collaboration were identified. The benefits of OpenNotes can empower patients, reinforce trauma-informed care, and facilitate safer, more effective communication between survivors and members of their clinical team. Limitations: there are inherent limitations of a narrative review such as potential selection bias, search strategy limitations, and lack of a systematic critical appraisal of literature. Conclusions: This narrative review provides concepts for best practices in the context of documentation in electronic health records. Further exploration using rigorous methodology is needed to understand best practices, inform policy and education.

Keywords: OpenNotes, intimate partner violence, trauma-informed care, disclosure, screening, shared-decision making, inquiry-based learning, electronic health record

Intimate Partner Violence and OpenNotes: Challenges and Opportunities

Purpose of the Review & Background

Intimate partner violence (IPV) is a pervasive public health issue with profound short- and long-term health consequences. In the US, approximately 36.4% of women (43.6 million) and 33.6% of men (37.3 million) have experienced sexual violence, physical violence, and/or stalking by a current or former intimate partner (Smith et al., 2018). These statistics may underestimate the prevalence of IPV given barriers to disclosure and reporting. Additionally, survivors are at heightened risk for acute injuries, chronic health conditions, and negative mental health outcomes, such as depression, anxiety, and post-traumatic stress disorder (Black, 2011; Dichter et al., 2020; Dichter et al., 2017). Research has illuminated the neuropsychiatric pathways that link IPV with these adverse outcomes, further underscoring the importance of effective, trauma-informed identification and intervention to support long-term health (Breiding MJ, 2015; Grossman et al., 2021).

This paper uses a trauma-informed framework to explore the intersection of IPV, clinician-patient communication, and medical documentation in the era of shared clinical notes, often referred to as OpenNotes. OpenNotes was conceived in the context of providing greater transparency and collaboration between clinicians and patients. In 202l, the new information sharing rule from the 21st Century Cures Act of 2016 was enacted whereby “patients should have online access to their medical health care record at no charge, and that patients would have full access to their clinical notes, test results, medications, etc.” (Salmi, et al 2021) Applying a trauma-informed framework promotes and supports its key principles of: safety, trustworthiness, transparency, collaboration and empowerment, voice and choice (Substance Abuse and Mental Health Services Administration, 2023).

We will discuss the existing barriers to IPV identification, with an emphasis on how OpenNotes can support shared decision-making regarding IPV documentation while emphasizing safety and privacy issues for survivors. We offer guidance for clinicians (defined as one licensed to practice) and specifically forensic nurses such as SANEs conducting forensic examinations, correctional nurses documenting IPV histories, or psychiatric forensic nurses on how to approach discussions about IPV, document these interactions thoughtfully, and adopt best practices to support survivors while mitigating risks associated with shared clinical records. This guidance is formed from a combination of literature in IPV care, literature about sensitive documentation, and clinical experience expertise from the literature.

We acknowledge that the terms patient, survivor, and abuser do not adequately capture the many identities of those impacted by IPV. We strive to promote person-first language, while providing role clarity in the text below.

Methods

We conducted a literature review of peer-reviewed publications about OpenNotes or trauma-informed IPV documentation over the past 5 years. The writing team used an iterative process to synthesize and summarize how OpenNotes can be used to support trauma-informed IPV care. Subject matter experts from various disciplines (nursing, psychiatry and social services provided feedback on the summary synthesis.

Key Findings and Recommendations

Brief History of OpenNotes

OpenNotes began in 2010 as a research project that aimed to improve transparency in healthcare by allowing patients to access the notes written by their clinicians (Delbanco et al., 2012). In 2017, the Cures Act created a mandate called the "Information Blocking Rule," requiring the electronic health record, EHR, to be made available to all patients (114th Congress, 2016). With this Act, OpenNotes became part of standard practice, although Delbanco & Wacheenheim (2021) note that there is much variability across systems and settings

A Trauma-Informed Approach to OpenNotes

A trauma-informed care (TIC) approach realizes the widespread impact of trauma on individuals and organizations, recognizes the potential paths for recovery, responds by integrating knowledge about trauma into practice, and resists re-traumatization (Lewis et al., 2023; Substance Abuse and Mental Health Services Administration, 2023). Applying a TIC framework to OpenNotes can empower patients, providers, and the system of healthcare to improve communication, enhance engagement, and especially develop trust and fostering transparency (Walker et al., 2019). Vulnerable patient populations, including those with worse self-reported health and fewer years of formal education, report dramatically higher approval of their clinicians after reading their notes (Bell et al., 2017). This suggests that OpenNotes offers an especially good opportunity for clinicians to improve trust and empower patients to be partners in their care, including how a clinician documents their clinical encounter in the electronic health record.

How Open Notes Have Informed the Standard Practice in Note Writing

The way clinicians talk and write about patients can influence the care they receive, perpetuate stigma and bias and thus underscoring the importance of thoughtful language when speaking to patients, talking about patients to members on the health care team, and writing about patients in clinic notes (Monroe et al., 1992). Furthermore, as the Electronic Health Record) EHR became more accessible to patients, clinicians recognized they needed to address language used in their notes and be cognizant of the use of stigmatizing language. For example, the visibility of the EHR to patients of a variety of educational backgrounds meant that notes should avoid technical jargon, abbreviations (e.g. "SOB" for shortness of breath) or ambiguous language that might confuse or distress patients (Klein et al., 2016; Rahimian et al., 2021). Additionally, person-first language, for example "patient with BMI 35" rather than "obese patient," emphasizes the individual rather than their condition (Harris et al., 2022; Klein et al., 2016). Changes like this serve to humanize the documentation process and ensure patients feel respected as they read their notes.

In sensitive situations, using person-centered-person-first language—such as referring to a patient with substance abuse disorder as someone “in recovery” or “seeking support for substance use”—helps to foster trust It also reduces stigma and feelings of shame, which negatively impact patient engagement. (Healy et al., 2022; Himmelstein et al., 2022; Joy et al., 2016; Matthews & Zisman-Ilani, 2023). Use of the correct name and pronoun is additionally important in the context of OpenNotes (Himmelstein et al., 2022).

Promoting Transparency and Sharing of Information

The 21st Century Cures Act Final Rule further prevents “information blocking” with a few exceptions, notably the “preventing harm” exception, which helps to promote patient safety (The Office of the National Coordinator for Health Information Technology, 2020). Information blocking, or preventing medical information from being accessible to patients, is permitted when it will reasonably prevent “substantial physical, emotional, or psychological harm” to the patient (Assistant Secretary for Technology Policy). Depending on the circumstances, clinicians can prevent the note from being shared through the patient portal (Carlson et al., 2021; Goldstein et al., 2024; Klein et al., 2016). Under the privacy exception, patients may request that notes, test results, or other sensitive information not be released to the patient portal. If there are safety or privacy concerns, such as an abusive partner who may have access to the patient’s portal login information, it can be helpful to inform patients of this option (Boston Medical Center Domestic Violence Program, 2020), thus promoting safety and shared-decision making opportunities,

Shared Decision Making & Best Practices Related to Screening Based Learning

Shared Note-Writing and Shared Decision-Making

Shared note-writing provides an opportunity to incorporate patient voice into clinical documentation— promoting a communication model that values patient engagement, preferences, and participation in medical decisions (Nathan et al., 2016). Writing notes together fosters transparency, trust, and patient empowerment by ensuring that documentation reflects a collaborative understanding of the patient’s experiences, concerns, and goals.

When discussing sensitive topics such as IPV, clinicians should proactively discuss a plan for documentation with their patients (Health Partners on IPV and Exploitation, 2020). Shared note-writing might include asking the patient how they would like their experience described, summarizing key points together in real time, or reviewing the note at the end of the visit to ensure accuracy and alignment with the patient’s perspective. Using the patient’s own words by recording that “patient states” and minimizing jargon can further support comprehension and engagement when patients review their notes (Klein et al., 2016; Lam et al., 2023). To reinforce the collaborative documentation process, clinicians can turn the computer screen toward the patient while dictating or typing notes so they can see what is being written (Klein et al., 2016). Importantly, each of these potential approaches to incorporate shared-note writing, like turning the computer screen or reviewing the note together, are not requirements so much as opportunities that can be adapted to clinical context. In a setting where time constraints complicate clinicians’ ability to have an extensive discussion, elements of shared-note writing can be incorporated when they are likely to have the most impact (Trabold, King et al. 2023), for example, when describing an incident of violence or when documenting safety plans.

When documenting IPV, best practices recommend limiting documentation to necessary, pertinent details rather than an in-depth narrative (Boston Medical Center Domestic Violence Program, 2020). To prevent overdocumentation, providers may find it helpful to ask themselves, “Is this clinically relevant? Is this the minimum information necessary to guide clinical care?” before including specific details in the note. When documenting physical findings, experts recommend including objective, detailed descriptions of any injuries and non-judgmental observations of the patient’s appearance and behavior (Boston Medical Center Domestic Violence Program, 2020). Involving patients in the note-writing process by seeking their feedback further ensures that the documentation aligns with their experiences and perspectives.

Screening versus Inquiry

The level of patient involvement in shared decision-making and shared note-writing is generally a shift from a traditional screening model. Screening relies on focused questionnaires that are not adapted to individual patient needs, making it difficult to create the collaborative, empowering atmosphere necessary for shared note-writing. Often the screening questions are dichotomous answers (yes or no). Large-scale trials have shown that this type of screening alone does not necessarily improve survivors’ quality of life or safety (Klevens et al., 2012; MacMillan et al., 2009; O'Doherty et al., 2015). Even though patients generally view clinic visits as a safe space to discuss their experiences, it is relatively rare for individuals who are experiencing IPV to voluntarily disclose this information (Phelan, 2007).

Some healthcare providers fear that asking about IPV may be interpreted as accusatory or intrusive, leading providers to avoid broaching the topic for fear of damaging their relationship (Tarzia et al., 2021). This hesitation contributes to routine screening questions on a variety of sensitive topics becoming “check-the-box” tasks rather than opportunities for meaningful discussion (Iverson et al., 2019). Unfortunately, these feelings of hesitation on the part of clinicians are often perceived by negatively by survivors, who in turn may be less comfortable sharing traumatic experiences (Rodríguez et al., 2001).

Inquiry-based learning aligns with shared decision-making by prioritizing open-ended, patient-centered discussions. Rather than using standardized questions, it encourages dialogue and allows patients to frame their experiences in ways that feel natural and safe (Lewis-O'Connor et al., 2019). When screening has been proven to be effective, it often closely resembles inquiry-based learning (US Preventive Services Task Force, 2018). This method is an active process that includes open-ended questions and dialogue, moving beyond the rigid question-and-answer format of traditional checklist screening. Instead of merely seeking disclosure, it aims to create an environment where patients feel comfortable sharing what they deem most important. For example, asking, “Have you had any life experiences that you feel have impacted your health? How do you feel this event affects you?” allows patients to disclose information on their own terms (Lewis-O'Connor et al., 2019). In contrast, a question like, “Have you experienced violence at home?” prescribes a narrow range of responses, which may discourage disclosure or fail to capture the full scope of a patient’s experience.

In practice, clinicians can use an inquiry-based approach to create the collaborative, open atmosphere necessary for shared note-writing to be successful. When writing the note to document this encounter, a provider is better able to incorporate the patient’s perspective and the full scope of care needed, rather than relying on a limited, checkbox-style summary. This collaborative note-writing process reinforces the patient’s autonomy by ensuring their voice is included in their clinical record. It also improves the clinician's understanding of the patient's unique context, leading to more personalized care and stronger engagement in the care process.

Challenges and Opportunities OpenNotes Can Address

Understanding Survivor's Hesitance: Building Trust

Embarrassment and shame are significant barriers to disclosing or sharing one's lived experience of IPV, and these emotions contribute to the reluctance many survivors feel about engaging in screening and intervention processes. Survivors often describe IPV as a "private matter" they do not feel comfortable discussing with their clinicians (Dichter et al., 2020). Moreover, some survivors perceive their clinician to be too busy to discuss IPV or believe that other health concerns should take precedence (Iverson et al., 2014). Additionally, past research has found that patients' concerns about documentation of IPV in medical records pose a barrier to disclosure (Dichter et al., 2020).

Shared Note-Writing Practices

Using shared note-writing practices can help to address these hesitancies by creating an environment where patients feel comfortable sharing their experiences and by ensuring patients are aware of what will be documented, as they will be available through OpenNotes. Inquiry-based discussions that prioritize patient engagement allow clinicians to document in ways that align with patients' perspectives, rather than imposing a prescriptive narrative. Clinicians can enhance transparency and trust by reviewing notes with patients, inviting input, and confirming that documentation accurately represents their concerns. This approach empowers patients to be active participants in their care while also reinforcing the clinician's role as a supportive partner.

Importantly, all clinicians should try to avoid language that patients may view as misaligned with their understanding of the encounter. Medical language used by clinicians to maintain objectivity could potentially, if inadvertently, cause patients to feel that their credibility is being questioned or that they are being judged (Park et al., 2021). For example, seeing statements like "patient insists" or "patient claims" might be interpreted as clinician doubting the patient's account (Park et al., 2021). The choices made in documentation are crucial in shaping patients' attitudes and future interactions with the healthcare system. A qualitative study of women's experiences in IPV-related encounters found that negative disclosure experiences led some patients to avoid future interactions with healthcare providers; on the other hand, positive disclosure experiences sometimes led to more positive healthcare attitudes (Liebschutz et al., 2008). By remaining cognizant of potential patient interpretations of clinic notes, healthcare clinicians have the chance to use OpenNotes as a valuable tool for affirming patients' experiences (Park et al., 2021).

Redefining Success

Clinicians may experience frustration or disappointment when survivors do not follow their recommendations, which can discourage continued engagement on the topic (Tarzia et al., 2021). Doctors interviewed in a study about management of IPV care were often distressed by their patients' decisions to stay in their relationships, feeling "powerless and demoralized," and many of them believed the best advice for patients experiencing abuse was to leave the relationship (Taft et al., 2004). Survivors' decision to stay with or leave an abusive partner is a complicated one (Cluss et al., 2006), and research shows that the decision to stay or leave is independent of the level of violence the survivor is experiencing (Copp et al., 2015) and the numerous implications that leaving presents: housing, child care, retribution for example.

Redefining what constitutes a “successful outcome” may help to reduce clinician fatigue and frustration (Gerbert et al., 1999). Instead of seeking a disclosure followed by the patient’s leaving the relationship, inquiry-based learning seeks to encourage patients to talk about their goals for their relationship, their safety, and themselves (Lewis-O'Connor et al., 2019). Information included in the note should be informed by these goals, ensuring that documentation does not inadvertently discourage future disclosures and discussions. For example, if an abusive partner accesses a survivor’s electronic health records, the discovery of IPV disclosure might result in escalated violence and reduced health care access (Shum et al., 2023). During shared note-writing, providers and patients should be aware of the option to keep some notes private. One qualitative study found that some patients will explicitly request that notes be “unshared” with the patient portal, for fear that their abusive partners might be able to access the record. Unfortunately, it also found that some ED clinic notes for IPV-related care were made visible in the patient’s health portal even though the patients had explicitly expressed concerns about their abusive partner’s ability to access their EHR (Shum et al., 2023).

"Successful" screening for IPV should not be defined narrowly as resulting in a disclosure, referral, or escape plan. Instead, a successful screening should focus on creating an open, supportive dialogue where patients feel heard, validated, and empowered to make medical decisions at their own pace (Lewis-O'Connor et al., 2019). By redefining success as fostering a trusting, long-term provider-patient relationship rather than securing an immediate disclosure, clinicians can create an environment where survivors feel safe returning for care when they are ready, without shame or guilt.

Understanding what Happens Next

Providers are not sure what happens next when there is reason to believe a patient is being abused, however the patient denies. This uncertainty is exacerbated in situations where clinicians have little or no training about IPV disclosure and treatment. They may feel ill-equipped to discuss IPV further due to actual or perceived lack of support services (Gutmanis et al., 2007; MacMillan et al., 2009). A clinician’s uncertainty is often described as a “Pandora’s Box,” a metaphor which appears regularly in IPV literature, describing the fear “physicians” might have of a disclosure resulting in a series of uncontrollable or unforeseen consequences, like legal complexities or escalation of abuse (McCauley et al., 1998; Petersen et al., 2003; Sugg & Inui, 1992; te Kolstee et al., 2004).

Clinicians require organizational support to be able to ask about IPV and counsel appropriately. Many clinicians report organization-wide barriers that prevent them from asking or connecting survivors to support services (Minsky-Kelly et al., 2005; Trabold et al., 2023). Additionally, lack of coordination and communication between organizational support—like social services—and clinicians sometimes leads providers to believe that IPV is an issue better left to specialists or social workers, rather than something they can do something about. (Tarzia et al., 2021), a perspective that is misaligned with the goals of screening. Further emphasizing the disconnect between support services and clinicians, a chart review study of IPV-related encounters within a single health system that had recently implemented OpenNotes found that EHR safety discussions were documented in 60% of adult EHR encounters, with 99% of the discussions taking place with social workers (Shum et al., 2023). While clinicians often want to 'fix' the situation or 'prescribe' a plan of care in fact, patients are often looking for an empathetic ear, are seeking validation and information on services that are available.

To achieve the goals of shared decision-making and inquiry-based learning, health systems need to: ensure that all clinicians have the information of resources within the system and within the community and are able to create the trust-building environment necessary to write a shared-note following an IPV disclosure.. In the absence of clearly defined systemic resources, providing the National Domestic Violence Hotline (1-800-799-SAFE) to patients could be an effective way to provide support.

Proxy Access

In the era of OpenNotes and in the context of medical record proxy access there are opportunities to address safety. While proxy access has made care coordination less complicated for patients that have caregivers making important health decisions on their behalf, including the elderly, disabled, and people that are incapacitated (Latulipe et al., 2018) for patients experiencing intimate partner violence, proxy access can give abusive partners significant control over their partner's medical care (Manning, 2021). Proxy access may initially be obtained for well-intended purposes or, in rare cases, could be forcibly obtained by abusive partners (Manning, 2021). The process for obtaining proxy access typically requires the completion of an authorization form; however, policies vary by institution and may not be straightforward (DesRoches et al., 2020; MyChart, 2025).

Proxy access often affords access to upcoming appointments, lab results, and clinical notes. Partners can take advantage of the upcoming appointments list to coerce the patient to cancel their visits or justify their presence at appointments when the patient intended to attend alone (Manning, 2021). Clinical notes of past visits can be visible to proxy users, which may contain sensitive information (IPV disclosure, reproductive health choices, safety concerns, mental health conditions, etc.) as well as test results; thus, clinician awareness and education on this issue is imperative (Goldstein et al., 2024). Discovery of information related to IPV by abusive partners poses a potential risk to survivors, who may face retaliation from their partner, ranging from physical violence to restriction of future access to health services (Randell et al., 2022; Shum et al., 2023).

The literature is sparse on evidence linking actual cases of IPV disclosure discovery to further abuse by a partner, however anecdotal evidence is known. If a survivor is aware that their partner has proxy access, they may be less willing to disclose their experience with providers. Asking patients if anyone has proxy access to their EHR could be a best practice, promoting open discussion and avoiding potential adverse results of disclosure. Ultimately, this could delay care and access to resources, which could contribute to the long-term sequalae of adverse effects on health and well-being (Manning, 2021).

One opportunity in regard to proxy access for either concern for IPV or a disclosure or a sensitive matter, might entail asking about proxy access. Fo example during a healthcare visit, when alone with the patient the clinician might ask:" Do you have any concerns about who has access to your medical record?" "Would you prefer I make this a sensitive note that will not be seen on your portal?" "Do you have any questions about proxy access?" Healthcare systems should have information for patients with frequently asked questions related to proxy access.

There is likely a wide variability on policies and procedures related to the EHR and OpenNotes. A search of the literature did not produce a standard of practice in this regard. For example, some healthcare systems implement blanket note-blocking for certain types of notes, like those from social work or psychiatry departments (Schust et al., 2022). One case study reported an instance where the EHR automatically populated a newborn's admission note with the mother's safety plan, which was then available to the newborn's father who was the abuser (Lamar et al., 2023). The variation in EHR protocols across different health systems requires all clinicians to be aware of the institutional policies affecting their note-writing and be proactive in addressing the downstream effects, like unintended access.

Patient's Rights: Correcting Inaccuracies in Their Medical Record

Since the enactment of a 2001 amendment to HIPPA, patients have had the right to request changes to their medical records (U.S. Department of Health and Human Services, 2001). As more patients report that reading their clinic notes is an important part of their healthcare, clinicians may worry that disagreements over the note content may erode patient trust in providers (Bell et al., 2017; Fernandez et al., 2021). This concern stems from a considerable number of patients who report finding mistakes when reviewing their notes (Bell et al., 2020). These errors range from minor to severe inaccuracies, and they may mischaracterize the patient's experience, include information the patient presumed was discussed confidentially, or simply inaccurately portray health information (Bell et al., 2020). Disagreements over note content can harm and reduce trust between the patient and their clinicians. Patients may feel as though errors, omissions, or perceived distortions are representative of a provider's lack of care or attention (Fernandez et al., 2021). In discussions of IPV, patients may feel upset if they feel that documentation is inaccurate, judgmental, or unsupportive. Patients can vary in their preferences for their visit notes: some may not want their disclosure documented at all while others may prefer a full account.

Shared note-writing discussions during the clinic visit are a way to proactively discuss documentation and resolve disagreements before the patient feels the need to pursue further action. In the worst-case scenario, notes can be amended if a patient identifies an error (Klein et al., 2016; Lam et al., 2023). Most patients have described the increased accessibility to their clinical notes as overwhelmingly positive, resulting in an improved relationship and increased trust with their provider (Blease et al., 2020).

Legal Implications

Clinicians must balance the need for including sensitive information—including ensuring continuity with future clinicians, connection to resources, supporting a later investigation, and improving tracking for epidemiological research—with concerns about including sensitive details—including proxy access, staff bias against the patient, patient shame, or the potential for the information to be used against the patient later (Greenbaum et al., 2021). These documentation choices can have important consequences, as patients often use clinic notes documenting IPV-related care to support their claims for protective orders (such as restraining orders), housing, and health insurance (Boston Medical Center Domestic Violence Program, 2020; Isaac & Enos, 2001). When medical records are used in court, they can increase the chance that the survivor will win their case by approximately 12% (Peterson & Bialo-Padin, 2012). In many legal jurisdictions, statements made outside of court about medical diagnosis or treatment are considered exceptions to the "hearsay rule" that typically does not permit out of court statements to be entered as evidence (The Committee on the Judiciary of the House of Representatives, 2018). Therefore, even if medical records are requested as part of a legal proceeding, a clinician may not need to testify in court if the documentation is complete and comprehensive (Downing, 2020; Isaac & Enos, 2001).

Guidelines for documenting IPV include describing the providers level of concern without specific detail (Greenbaum et al., 2021). Additionally, guidelines suggest avoiding words like “noncompliant,” “refused,” “alleged,” and “claimed” as these words could be viewed as delegitimizing the patient’s perspective. Use of the patient’s voice by quoting statements made by the patient can accurately reflect the patient’s words made close in time to potential IPV and provide credibility in court. Guidelines suggest avoiding conclusory language about the situation, instead recording facts based upon physical examination (photographs of injuries and documentation of location of injuries is helpful) and patient statements (Isaac & Enos, 2001). Ultimately, clinicians cannot guarantee who may access confidential information. It is imperative that patients are aware of this limitation so they can provide informed decisions about what information is included in their medical record (Greenbaum et al., 2021). In the era of OpenNotes, guidelines that explicitly and proactively address the advantages of detailed documentation and the patient’s personal considerations require our due diligence to ensure we prevent harm.

Clinical Guidelines

In Table 1 we highlight some key objectives when documenting IPV in the EHR. While more research will be needed to understand the feasibility and acceptability of these recommendations, some guidelines are informed by subject matter experts and survivors’ narratives.

Table 1.

Clinical Guidelines

Objectives	Recommendation
Optimizing safety	• If IPV related information is discussed, review with patient if there are any individuals with proxy access to their patient portal • Ask a patient if they have any concerns for unintended access to their patient portal • If there are safety or privacy concerns, give patients the option of blocking the note from being shared with the patient portal • Stay up to date with your health system’s resources for survivors, or know referral options
Optimizing transparency	• Involve patients in the note-writing process; can include turning the computer screen toward them while writing • Only write what has been discussed during the visit and minimal details based on a need-to-know basis • Document only clinically relevant information • If a patient notes an error in their note, follow your health system’s protocol to request amendment (involving patients in note-writing may decrease errors documented in the HER
Optimizing trust	• Encourage shared decision-making through open-ended questions and discussion • Avoid checklist questions with dichotomous answers • Use person-centered-person-first language in notes • Validate patient concerns and experiences • Avoid stigmatizing language • If a discussion is cut short by time constraints, suggest a continuation of the conversation in a follow-up visit or telehealth encounter.

Table 1 describes how safety, transparency and trust can be supported by recommendations for best practices.

There are inherent limitations of a narrative review such as potential selection bias, search strategy limitations, and lack of a systematic critical appraisal of literature.

Conclusion

In summary, it should be a standard of practice to remind patients why it is important not to share their patient portal credentials with others (Carlson et al., 2021; Ip et al., 2021). In the case of proxy access, patients need to be aware and educated on what their proxy will have access to and the options available to hide certain information from the patient portal. To encourage this, clinical staff can offer patients information that includes the benefits and considerations when thinking about their health care proxy and how to change their proxies should their situation change (Carlson et al., 2021; DesRoches et al., 2020; Wolff et al., 2016). Additionally, patients may not know or remember who has access to their medical record via proxy access, thus it is important to have policies in place to inquire annually, at a minimum, if their current health care proxy is still their choice (Goldstein et al., 2024). When necessary, clinicians can prevent the note from being shared through the patient portal in circumstances where the "Preventing Harm" exception applies (Carlson et al., 2021; Goldstein et al., 2024; Klein et al., 2016)

Clinicians can use trauma-informed principles when working with patients affected by IPV or at risk. With OpenNotes, clinicians should avoid stigmatizing language and both providers and patients should weigh proxy access and sensitive notes. Nurses play a critical role in shaping documentation practices as they often act as the main support for survivors. More research is needed on OpenNotes' effects for survivors, policy impacts on care, and development of best-practice policies.

List of Abbreviations

IPV: Intimate partner violence

TIC: Trauma-informed care

EHR: Electronic health record

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