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| Article History | Empowering Patients through Health Informatics: Trends, Challenges, and Opportunities |
| Submitted: 14-05-2025 | Mohammed Javeedullah ^{1*} |
| Revised: 17-06-2025 | |
| Accepted: 22-06-2025 | ¹ New England College 98 Bridge Street, Henniker, NH 03242 |
| | ¹ JMohammed3GPS@nec.edu |
| Corresponding Author | |
| Mohammed Javeedullah | |
| JMohammed3GPS@nec.edu | |
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Abstract

By granting access to health records, empowering patients through connection and strining to improve health outcomes, health informatics plays a vital role. This article examines the growth of patient empowerment in healthcare, showing how important technologies such as electronic health records (EHRs), mobile health (mHealth) apps, wearable devices and telemedicine platforms have become. They allow patients to handle their health, talk with doctors more openly and make the right choices. Even though the advantages exist, digital inequalities, worries about private data and compatibility issues still need attention for proper and equal healthcare. New trends, for example, precision medicine, blockchain and artificial intelligence, may lead to better personalized healthcare and more choices for patients. As a result, health informatics helps rebuild the patient-provider partnership, opening doors for more personal, efficient and patient-friendly healthcare systems.

Keywords: Health informatics, patient empowerment, electronic health records (EHRs), mobile health (mHealth) apps, wearable devices, telemedicine.

Introduction

In health informatics, information science, computer science and healthcare work together to maximize the management of health-related data. The main purpose is to improve how healthcare is delivered, how patients do after treatment and how clinicians work every day using data as a guide. As patient needs and the complexity of healthcare keep growing worldwide, health informatics is now key to making significant changes and advances [1].

Healthcare has undergone a huge shift in recent years by centering care on the patient, involving patients in decisions and encouraging customized treatment. It identifies the patient as being involved in their own health process, rather than simply getting care. This approach relies on

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helping patients get their health data, tools for checking their health at home and ways to communicate with doctors [2]. This change would not be possible without health informatics which helps build a strong technical system for transparency, patient involvement and targeted care.

A combination of electronic health records (EHRs), mHealth applications, wearable devices and telemedicine platforms now allows patients to monitor their health more easily and efficiently. They allow people to monitor important signs, report if they are taking medicine and communicate with doctors right away [3]. When people have easier access to health information, they can self-manage health, seek early help and enjoy improved overall health. AI and data analytics used in health informatics can give predictions and suggestions tailored to a person, helping them make smarter choices [4].

There are still obstacles, even with all these improvements. Since digital literacy, data privacy and appropriate use of technology are still problems, health informatics struggles to treat all patients the same. Besides, some medical services are not set up or trained well enough to use these tools which can make health care more unequal [5].

The goal of this review is to see how health informatics helps patients in the present healthcare setting. It will discuss the main technologies included in digital health, analyze what digital health can do well and where it fails and introduce various real-life examples and upcoming trends. Knowing how technology and patient advocacy shape healthcare, players in the industry can aim for better, more personalized health services [6].

Expansion of Patient Empowerment in Healthcare

The idea of patient empowerment has changed a lot over the last few decades. Traditionally, healthcare was expected of physicians to make most decisions, with patients having little effect. Most healthcare institutions kept information separate which meant patients were not able to access much of their medical information or understand their disease. Because of this, patients generally

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took a passive role instead of receiving much education, self-care support or help with decisions

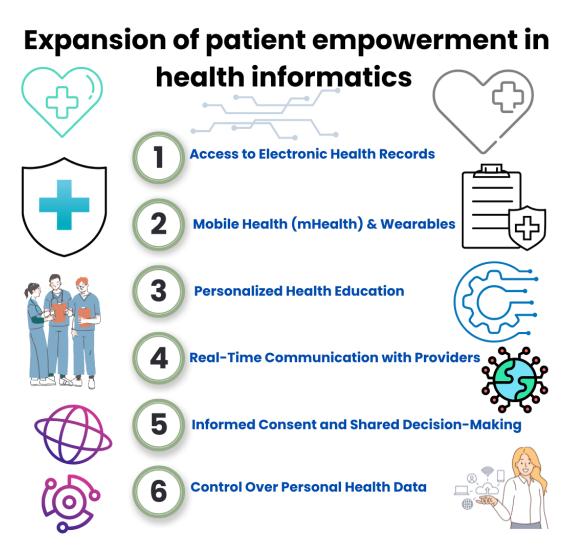


Figure: 1 showing expansion of patient empowerment in health informatics

The move to put patients first in healthcare was the basic step that launched changes in healthcare culture and structures. These guidelines put respect for what the patient wanted, active engagement in the process and individualized care at the core. As realizing the importance of patients' perspectives, healthcare systems started moving toward models that encouraged both patients and health workers to work together [8]. At the same time, digital advancements greatly sped up changes that support patient empowerment. When Electronic Health Records (EHRs) were

[7].



launched, people could obtain a well-ordered account of their medical history, test results and treatment plans. Thanks to digital accessibility, people were able to personally understand and manage their health more effectively [9].

Mobile health apps, accessible online portals and wearable health devices have helped make patient monitoring faster and possible where medical visits are not needed. Such devices enable patients to keep track of their exercise, what they eat, blood sugar and heart rate which helps them feel more responsible for their health [10]. A patient's empowerment can be achieved with health literacy which is the ability to use and make sense of health-related information. Since digital health tools are being used more, it is important to support health literacy so everyone can take advantage of them. Inadequate training and help may lead technology to increase differences in health care by leaving out those who do not know how to use it [11].

Several changes outside the healthcare industry have also contributed to the growth of empowerment such as strong consumer preferences, supportive care and strengthened interest in patient rights. Many patients, thanks to social media and online communities, are sharing their health stories, asking others for advice and more openly voicing what they want in healthcare [12]. To sum up, learning to play a bigger role in healthcare recognizes and respects what patients bring to care. Health informatics is playing a major role in guiding the evolution, offering tools and platforms that encourage and enable informed, active and confident patients [13].

Tools Making Patients Self-Sufficient

Because of health informatics, patients have access to several new technologies that make it easier for them to engage in their healthcare. They help people with diabetes access more services and keep better track of their health, speak with their healthcare team and receive care that suits their needs [14]. EHRs are one of the most important parts of digital health systems. When linked to patient portals, they let people look at their medical records, test results, medication list and health plan easily and securely online [15]. Because their health information is clear and accurate, patients are more motivated to know their data, organize for the visit and stick to recommendations. It is

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common for patients to schedule appointments, request their medications or send messages to their providers via many portals [16].



Figure: 2 showing key tools making patients self sufficient

Many such apps are now available, made to help with long-term health issues, tracking pills, mental well-being and supporting a healthier lifestyle. They are able to set med reminders, give people useful educational info and alert them to unusual values in their readings. Diabetes management apps let users keep track of their blood sugar, while apps for mental health help with exercises from cognitive behavioral therapy (CBT) or by tracking emotions [17].

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Telemedicine sites allow doctors and patients to meet online which helps cut down on in-person appointments and lets more people get the medical care they need. With RPM devices including blood pressure monitors, smart scales and others, healthcare workers can monitor patients' health and respond before patients need to be admitted again. Such technology is used to ensure patients with chronic illnesses always have the help they need and feel safe [18].

Both smartwatches and fitness bracelets collect useful information like steps taken, heartbeat, sleep time and similar things. Because of these devices, users are encouraged to adopt new habits and identify health threats early. Sensor-packed wearables are able to check abnormal heart rhythms, sleep apnea or blood oxygen levels to help detect problems early and enhance the results for patients [19]. Personalized information, triage and guidance are offered by tools such as symptom checkers and chatbots using AI. They enable patients to look up information and make choices on their own when they can't see a doctor right away. All these technologies make up a system that increases people's confidence, supports dealing with health issues and gives patients an active role in managing their care. But, for them to work well, they must be user-friendly, accessible to everyone and properly connected to clinical systems [20].

Patient Empowerment with Help from Health Informatics

Health informatics has greatly helped modern healthcare, mostly by allowing patients to take a more active and educated role in their health. Using digital tools allows patients to make better decisions and also improves how healthcare is delivered [21]. Patients who can use their own health information and digital tools are more likely to get involved in their care management. Usually, this improves patients' treatment compliance, on-time check-up scheduling and positive health habits. Regular use of portals or mHealth apps by patients has been linked to better monitoring of their health, increased visit to doctors and better understanding of their diagnoses which result in more positive treatment outcomes [22].

By using health informatics, patients and healthcare providers can communicate better. Using patient portals, secure messaging and telehealth platforms, patients are able to easily discuss any questions, gain clarity and mention their symptoms. Since patients and doctors are in open



communication, patients find it easier to work with the clinician to come up with treatments they prefer. So, patients are assured that they are respected which leads to increased trust and satisfaction with how the healthcare system works [23].

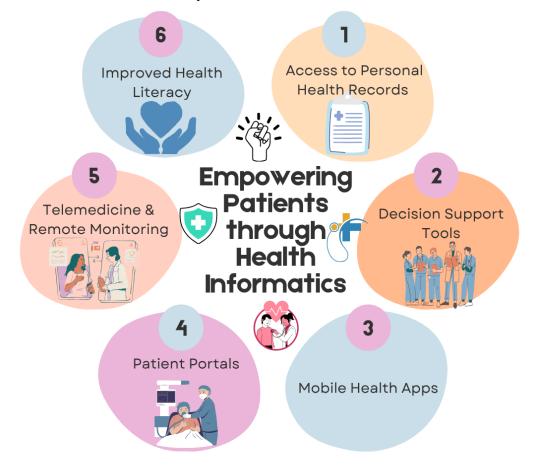


Figure: 3 showing empowerment patients through health informatics

Reminders, alerts and dashboards that show personalized health data help patients track their medications and healthcare routine. This is really helpful for anyone living with chronic conditions like diabetes, hypertension or asthma, where staying organized and following the treatment is very important. When patients are empowered, they are more likely to keep taking their treatments and watch for issues, so they rarely develop bigger health issues [24].



Having access to health information through apps, web portals and communities allows people to learn more about the diseases they have. As a result, people feel more confident in dealing with healthcare, asking important questions and making wise choices [25]. Thus, giving patients more access to their information in healthcare not only boosts their own health, but leads to better healthcare systems that focus on what patients need.

Challenges and Barriers

Though health informatics can greatly help patients, putting it into practice is not always simple. A number of engineering, social and ethical hurdles may affect both the usefulness and the way these technologies reach people [26]. A major concern today is the gap found between people who use digital tools and knowledge and those who still need them. It is difficult for older people, people from poor or rural areas and those with low education to make use of health informatics systems. If steps are not taken to address this, digital health can push vulnerable groups to the side and add to present health inequalities [27].

Because electronic storage of patient information increases, protecting privacy and security is more important than ever. Even know, some patients are unwilling to use online resources because they worry about their health info being leaked or exploited. Because of this, health informatics should follow strong data protection policies and organizations need to ensure their handling of data is both clear and consensual [28]. In many instances, there are also concerns about the ethics of using artificial intelligence because sometimes the technology can be unclear or injects unfairness into decisions.

A technology in health care can only be successful if it is easy for users to operate. challenographically designed interfaces may prevent patients from using them which could result in wrong decisions or mistakes. In addition, many patients do not like using digital technology and some simply do not have the determination to try it. Addressing these barriers requires training, support and using user-centered design [29].

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Different software systems for health care usually cannot interact or share information. Miscellaneous health information access between patients and doctors through health informatics tools may be difficult without enabling their tools to work together. Consistent standards and rules are important to deliver coordinated care for patients. Tackling these difficulties is necessary to make sure the benefits of health informatics are available to everyone and help achieve a more fair and efficient healthcare service [30].

Examples and Practical Case Studies

Many locations have shown that health informatics tools improve patient care and health results. A number of studies and federal approaches have proven how digital tools are changing the way healthcare is delivered. Millions of Americans have gained access to their electronic health records (EHRs) due to the easy-to-use patient portals adopted nationally within the Meaningful Use program [31]. To give an example, because of MyChart, patients at Cleveland Clinic and Kaiser Permanente can access their test results, communicate with providers and schedule appointments. By using these tools, patients report being more satisfied with their care, are more likely to take their medicines and become more involved in taking care of their health [32].

Patients in the UK can use the NHS App from the National Health Service to check their medical information, prescriptions and status for COVID-19 vaccination on their accounts. It has greatly helped improve the efficiency of health services and made it easier for people to connect with healthcare [33]. An example of successful implementation is remote patient monitoring (RPM) used in managing chronic illnesses. With this example, patients in Ontario, Canada involved in a diabetes program used an app on their phones to share blood glucose data with their medical team. Because of this, patients saw improved glycemic levels and a decrease in the number of hospital visits [34].

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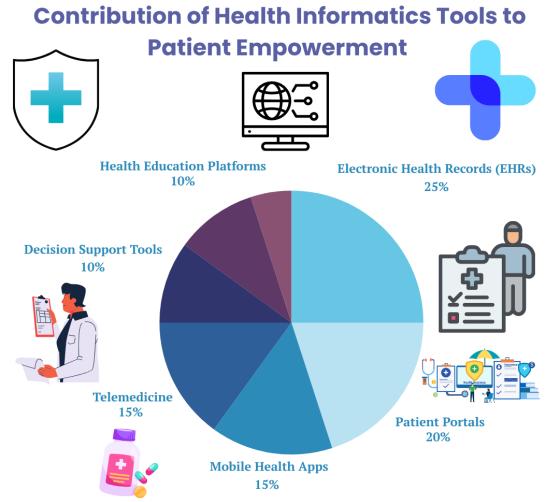


Figure: 4 showing contribution of health informatics tools to patient empowerment

India introduced Aarogya Setu and other similar mHealth apps during the COVID-19 pandemic for tracing contacts and giving self-assessment tools. Though designed for public safety, the information ready app also gave people more control by alerting them and prodding change in behavior [35].

Openings and New Trends for Gaming

As technology moves forward, health informatics is ready to help patients take control of their health more. New trends are changing how people get healthcare, making it possible to offer better

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care, make it easier for everyone to use and boost positive results. Using genomics, information on lifestyle and electronic patient records makes precision medicine possible which means doctors can adjust treatments based on a person's unique traits. New health informatics systems can handle complex data to suggest personalized care plans so patients get treatment suited to them [36].

In the future, new health informatics systems are expected to include genetic, behavioral and environmental data to have a broader view of a patient's health. Thus, early identification of problems and timely actions can stop the disease from progressing. Alerts on genetic or behavioral risks could inform patients, so they act early to take care of their health [37].

People are starting to use blockchain technology to securely self-manage their health records. Patients have more say over who sees their medical information which makes digital health systems more private and trustworthy [38]. Individuals could transport their health records everywhere they seek treatment which would make care easier and more flexible. Supportive rules and laws are needed for patient empowerment to grow [39]. In the future, policies will want to ensure that health data is interoperable, information is kept safe and there is access to healthcare using digital methods for all. More organizations and governments are realizing that having inclusive digital health strategies is important so that all patients are cared for [40]. All in all, success in health informatics depends largely on progress in personalization, data protection and access to tools. If developed and implemented with care, these tools will keep empowering patients and improve the delivery and experience of healthcare [41].

Conclusion

The changes in health informatics have resulted in people being more actively involved in their health and the healthcare systems. Advances in technology, like using electronic records, mobile apps, wearable gadgets and remote care, help patients stay informed, share health details and choose how to handle their health. Moving from being passive as a patient to being active involves more than technological progress; it shows a bigger change in how healthcare works. If patients are empowered, they tend to take preventive actions, stick to their treatment plans and make decisions together with their doctors which leads to better health and greater satisfaction. Health



informatics software helps this transition by making it possible to instantly share data, teach people and offer personalized care.

At the same time, achieving the benefits of patient empowerment through health informatics means handling several issues first. Language skill gaps, worrying about privacy and not being able to connect different systems must be solved for all individuals to be treated fairly. It is important for stakeholders to put inclusive design, strong data security and user training first so that all members of the ecosystem are helped. As we move ahead, artificial intelligence, blockchain and precision medicine can create new possibilities for patients to be more involved and independent in their health care. With solid policies and ethical guidelines, these developments will help patients become more involved and decide their health treatments.

Health informatics greatly supports greater patient self-management. The effort to constantly develop it and use it wisely can result in healthcare that is more responsive, equal and tailored to patients' needs. Technologists, clinicians, policymakers and patients need to co-operate to keep and develop this improvement as time moves on.

References.

- [1]. Modi S, Feldman SS. The Value of Electronic Health Records since the Health Information Technology for Economic and Clinical Health Act: Systematic Review. JMIR Med Inform. 2022; 10(9):e37283. doi:10.2196/37283
- [2]. Esmaeilzadeh P. Challenges and strategies for wide-scale artificial intelligence (AI) deployment in healthcare practices: A perspective for healthcare organizations. Artif Intell Med. 2024;151: 102861. doi:10.1016/j.artmed.2024.102861
- [3]. Hedderich DM, Keicher M, Wiestler B, et al. AI for Doctors-A Course to Educate Medical Professionals in Artificial Intelligence for Medical Imaging. Healthcare (Basel). 2021;9(10):1278. doi:10.3390/healthcare9101278
- [4]. Khatiwada P, Yang B, Lin JC, Blobel B. Patient-Generated Health Data (PGHD): Understanding, Requirements, Challenges, and Existing Techniques for Data Security and Privacy. J Pers Med. 2024;14(3):282. doi:10.3390/jpm14030282

- [5]. Santamato V, Tricase C, Faccilongo N, Iacoviello M, Marengo A. Exploring the Impact of Artificial Intelligence on Healthcare Management: A Combined Systematic Review and Machine-Learning Approach. Applied Sciences. 2024; 14(22):10144. <u>https://doi.org/10.3390/app142210144</u>
- [6]. Ştefan A-M, Rusu N-R, Ovreiu E, Ciuc M. Empowering Healthcare: A Comprehensive Guide to Implementing a Robust Medical Information System-Components, Benefits, Objectives, Evaluation Criteria, and Seamless Deployment Strategies. Applied System Innovation. 2024; 7(3):51. <u>https://doi.org/10.3390/asi7030051</u>
- [7]. Avendano JP, Gallagher DO, Hawes JD, et al. Interfacing with the Electronic Health Record (EHR): A Comparative Review of Modes of Documentation. Cureus. 2022;14(6):e26330. doi:10.7759/cureus.26330
- [8]. Fogleman BM, Goldman M, Holland AB, Dyess G, Patel A. Charting Tomorrow's Healthcare: A Traditional Literature Review for an Artificial Intelligence-Driven Future. Cureus. 2024 Apr 11;16(4):e58032. doi: 10.7759/cureus.58032.
- [9]. Ganesh, G. S., Kolusu, A. S., Prasad, K., Samudrala, P. K., & Nemmani, K. V. (2022). Advancing health care via artificial intelligence: From concept to clinic. European Journal of Pharmacology, 934, 175320.
- [10]. Ghose, A., Guo, X., Li, B., & Dang, Y. (2021). Empowering patients using smart mobile health platforms: Evidence from a randomized field experiment. arXiv preprint arXiv:2102.05506.
- [11]. Grande, D., Marti, X. L., Feuerstein-Simon, R., Merchant, R. M., Asch, D. A., Lewson, A., & Cannuscio, C. C. (2020). Health policy and privacy challenges associated with digital technology. JAMA network open, 3(7), e208285- e208285
- [12]. Gulick, V., Graves, D., Ames, S., & Krishnamani, P. P. (2021). Effect of a virtual Reality– Enhanced exercise and education intervention on patient engagement and learning in cardiac rehabilitation: randomized controlled trial. Journal of Medical Internet Research, 23(4), e23882

- [13]. Westbrook JI, Raban MZ, Walter SR, et al. Task errors by emergency physicians are associated with interruptions, multitasking, fatigue and working memory capacity: a prospective, direct observation study. BMJ Qual Saf. 2018;27(8):655. <u>https://doi.org/10.1136/bmjqs-2017-007333.</u>
- [14]. Hersbach, H., Bell, B., Berrisford, P., Hirahara, S., Horányi, A., Muñoz-Sabater, J., ... & Thépaut, J. N. (2020). The ERA5 global reanalysis. Quarterly Journal of the Royal Meteorological Society, 146(730), 1999-2049
- [15]. Mohammad-Rahimi H, Khoury ZH, Alamdari MI, Rokhshad R, Motie P, Parsa A, Tavares T, Sciubba JJ, Price JB, Sultan AS. Performance of AI chatbots on controversial topics in oral medicine, pathology, and radiology. Oral Surg Oral Med Oral Pathol Oral Radiol. 2024;137(5):508– <u>https://doi.org/10.1016/j.0000.2024.01.015</u>.
- [16]. Lund BD, Wang T. Chatting about ChatGPT: How may AI and GPT impact academia and libraries? Library Hi Tech News. 2023. <u>https://doi.org/10.1108/LHTN-01-2023-0009</u>
- [17]. Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ... & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry, 7(6), 547-560.
- [18]. Iqbal, J. D., & Biller-Andorno, N. (2022). The regulatory gap in digital health and alternative pathways to bridge it. Health Policy and Technology, 11(3), 100663
- [19]. Jayaraman, P. P., Forkan, A. R. M., Morshed, A., Haghighi, P. D., & Kang, Y. B. (2020).
 Healthcare 4.0: A review of frontiers in digital health. Wiley Interdisciplinary Reviews: Data Mining and Knowledge Discovery, 10(2), e1350.
- [20]. Jindasook, C. (2021). Exploring drivers and barriers towards utilizing telepharmacy among pharmacists in Bangkok.
- [21]. Kavanagh, O. N., Courtenay, A., Khan, F., & Lowry, D. (2022). Providing pharmaceutical care remotely through medicines delivery services in community pharmacy. Exploratory Research in Clinical and Social Pharmacy, 8, 100187
- [22]. Khan, O., Parvez, M., Kumari, P., Parvez, S., & Ahmad, S. (2023). The future of pharmacy: How AI is revolutionizing the industry. Intelligent Pharmacy, 1(1), 32-40.

- [23]. Kluwe, F., Michelet, R., Mueller-Schoell, A., Maier, C., Klopp-Schulze, L., van Dyk, M., ... & Kloft, C. (2021). Perspectives on model-informed precision dosing in the digital health era: challenges, opportunities, and recommendations. Clinical Pharmacology & Therapeutics, 109(1), 29-36.
- [24]. Krendyukov, A., & Nasy, D. (2020). Evolving communication with healthcare professionals in the pharmaceutical space: current trends and future perspectives. Pharmaceutical Medicine, 34(4), 247-256.
- [25]. Gordon M, Daniel M, Ajiboye A, Uraiby H, Xu NY, Bartlett R, Hanson J, Haas M, Spadafore M, Grafton-Clarke C, Gasiea RY, Michie C, Corral J, Kwan B, Dolmans D, Thammasitboon S. A scoping review of artifcial intelligence in medical education: BEME Guide No. 84. Med Teacher. 2024; 46(4):446–70. https://doi.org/10.1080/0142159X.2024.2314198.
- [26]. Chang I-C, Shih Y-S, Kuo K-M. Why would you use medical chatbots? Interview and survey. Int J Med Inf. 2022; 165: 104827. <u>https://doi.org/10.1016/j.ijmedinf.2022.104827</u>.
- [27]. Fryer LK, Nakao K, Thompson A. Chatbot learning partners: connecting learning experiences, interest and competence. Comput Hum Behav. 2019;93:279–89. <u>https://doi.org/10.1016/j.chb.2018.12.023</u>.
- [28]. Lin Y, Yu Z. A bibliometric analysis of artifcial intelligence chatbots in educational contexts. Interact Technol Smart Educ. 2023. <u>https://doi.org/10.1108/ITSE-12-2022-0165</u>.
- [29]. Stathakarou N, Nifakos S, Karlgren K, Konstantinidis ST, Bamidis PD, Pattichis CS, Davoody N. Students' perceptions on chatbots' potential and design characteristics in healthcare education. Stud Health Technol Inform. 2020;272:209–12. https://doi.org/10.3233/SHTI200531
- [30]. Fadhil, A., & Gabrielli, S. (2017). Addressing challenges in promoting healthy lifestyles: The al-chatbot approach. Proceedings of the 11th EAI International Conference on Pervasive Computing Technologies for Healthcare, 261–265. <u>https://doi.org/10.1145/3154862.3154914</u>

- [31]. Tlili A, Shehata B, Adarkwah MA, Bozkurt A, Hickey DT, Huang R, Agyemang B. What if the devil is my guardian angel: ChatGPT as a case study of using chatbots in education. Smart Learn Environ. 2023;10(1):15. <u>https://doi.org/10.1186/s40561-023-00237-x</u>.
- [32]. Yang SJH, Ogata H, Matsui T, Chen N-S. Human-centered artifcial intelligence in education: Seeing the invisible through the visible. Comput Educ: Artif Intell. 2021;2: 100008. <u>https://doi.org/10.1016/j.caeai.2021.100008</u>.
- [33]. Li, J. P. O., Liu, H., Ting, D. S., Jeon, S., Chan, R. P., Kim, J. E., & Ting, D. S. (2021). Digital technology, tele-medicine and artificial intelligence in ophthalmology: A global perspective. Progress in retinal and eye research, 82, 100900.
- [34]. Livet, M., Levitt, J., Cardenas, A., Thomas, J., Lee, A., Pathak, S., & Curran, G. (2021). Feasibility of a CMM telepharmacy service for patients with diabetes in rural and underserved communities: preliminary results. Journal of the American College of Clinical Pharmacy, 4(8), 947-958.
- [35]. Leghemo, I.M., Segun-Falade, O.D., Odionu, C.S., and Azubuike, C., 2025. A collaborative model for data governance: Enhancing integration across multi-line businesses. Gulf Journal of Advance Business Research, 3(1), pp.47-63.
- [36]. Leghemo, I.M., Azubuike, C., Segun-Falade, O.D., and Odionu, C.S., 2025. Data governance for emerging technologies: A conceptual framework for managing blockchain, IoT, and AI. Journal of Engineering Research and Reports, 27(1), pp.247-267.
- [37]. Dixon D, Sattar H, Moros N, Kesireddy SR, Ahsan H, Lakkimsetti M, Fatima M, Doshi D, Sadhu K, Junaid Hassan M. Unveiling the Influence of AI Predictive Analytics on Patient Outcomes: A Comprehensive Narrative Review. Cureus. 2024 May 9;16(5):e59954. doi: 10.7759/cureus.59954.
- [38]. Alanazi A. Clinicians' Views on Using Artificial Intelligence in Healthcare: Opportunities, Challenges, and Beyond. Cureus. 2023 Sep 14;15(9):e45255. doi: 10.7759/cureus.45255.
- [39]. Basil NN, Ambe S, Ekhator C, Fonkem E. Health Records Database and Inherent Security Concerns: A Review of the Literature. Cureus. 2022 Oct 11;14(10):e30168. doi: 10.7759/cureus.30168.

- [40]. Alarfaj KA, Rahman MMH. The Risk Assessment of the Security of Electronic Health Records Using Risk Matrix. Applied Sciences. 2024; 14(13):5785. https://doi.org/10.3390/app14135785
- [41]. Andrew J, Eunice RJ, Karthikeyan J. An anonymizationbased privacy-preserving data collection protocol for digital health data. Front Public Health. 2023 Mar 3; 11:1125011. doi: 10.3389/fpubh.2023.1125011.