MODULE 8 | COMPLAINTS, LEGAL CASES, INVESTIGATIONS AND INTEGRITY

Legal Notices, Court Cases and Hospital Records

35

LECTURE

Practical hospital governance in Punjab, Pakistan

Respond on time and through the right authority.
Keep the facts, records and court directions clear.

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A reliable hospital response to a legal case

The Medical Superintendent (MS) coordinates facts, authority, records and action. The hospital's response must remain accurate when examined independently.

- Recognise the document and the required action.
- Prepare a clear factual brief for legal review.
- Preserve and disclose records lawfully.
- Track orders, hearings and implementation.

OFFICIAL SOURCE

A principle tied to a named law, standard or official guidance.

WORKING METHOD

A practical control or teaching format to adapt to the authorised system.

TEACHING CASE

An invented hospital example, used to practise applying the correct process.

Study output

A case register, an indexed factual brief and an order-compliance sheet.

Module 8 | Presentation 2 of 4. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

Use the correct source of authority

This lecture combines named official sources with suggested working methods. A template does not create a legal power.

Source	What it establishes	Practical use
Applicable law	The relevant legal powers, duties and procedure.	Ask counsel to confirm the law and amendments for the case.
Court direction	What the named party or officer must do in that matter.	Read the complete order and check later changes.
Government or institutional authority	Who may instruct counsel, sign, spend or settle.	Keep the applicable authorisation with the case file.
Working method	A suggested way to organise action and evidence.	Adapt registers and examples to the authorised process.

Use the current notice, order and governing law. No single reply period or appeal period fits every hospital case.

WORKING METHOD | Illustrative material is identified in the text.

Separate the responsibilities

The MS may hold more than one role, but each statement must show the capacity in which it is made.

Role	Main responsibility	Important limit
Institutional head	Arrange records, factual checks, authorised instructions and compliance.	Do not promise a legal outcome.
Treating clinician	Explain the care personally provided and the clinical record.	Do not invent missing observations or times.
Records or IT custodian	Explain where records came from and how they were kept or copied.	Do not certify clinical facts not personally known.
Authorised legal adviser	Advise on law, forum, pleadings, evidence and remedies.	Needs accurate facts and clear institutional instructions.

Identify who represents the institution and whether an individual officer requires separate advice.

WORKING METHOD | Illustrative material is identified in the text.

What has the hospital received?

Read the document before treating it as an ordinary complaint. These descriptions are for administrative triage.

Document	Meaning to check	Immediate management question
Lawyer's notice	A claim or demand made for a client; it is not itself a court order.	What response is requested, and what legal deadline actually applies?
Court notice or summons	A court communication requiring the named response, appearance or production.	Who must act, where, when and with which documents?
Interim or final order	A direction or decision in a court proceeding.	What exact act is required or restricted?
Regulator or inquiry letter	A separate statutory or administrative process.	Which authority and procedure govern this request?

Refer legal classification and disputed validity promptly. Continue urgent protective steps while the issue is checked.

WORKING METHOD | Illustrative material is identified in the text.

The first response inside the hospital

Suggested receiving procedure for paper, official email or another recognised service channel.

1	**Record**	Save the complete document and attachments. Record when, how and by whom it was received.
2	**Alert**	Send it promptly to the designated legal focal person and competent institutional authority.
3	**Protect**	Preserve relevant records and address any continuing risk to patients, staff or property.
4	**Assign**	Name the person responsible for each response, record collection and time-bound action.

Verify a doubtful document through an official route. Do not assume that forwarding it means another person has accepted responsibility.

WORKING METHOD | Illustrative material is identified in the text.

Prepare a one-page case card

Suggested summary attached to the front of the restricted case file.

01 Identity

Court or forum, case number, title and named parties.

02 Claim

What is alleged, and what outcome is being requested?

03 Direction

What does the latest notice or order actually require?

04 Dates

Receipt, next hearing, filing deadline and internal review date.

05 Ownership

Institutional lead, legal adviser, factual contact and backup.

06 Risk

Immediate safety issue, missing evidence or urgent approval needed.

Keep allegations separate from established facts. A demand for compensation is not a finding that compensation is payable.

WORKING METHOD | Illustrative material is identified in the text.

Control dates precisely

A diary entry must be usable by a colleague who has not previously handled the case.

Record the external requirement

- Write the exact calendar date and any stated time. Keep the order or notice that establishes the requirement.
- Ask counsel to verify how a legal period is calculated, including the starting event and any applicable exclusions.

Set internal preparation dates

- Allow time for records, factual verification, legal vetting, signatures and filing. Record who must finish each step.
- If a deadline may be missed, escalate immediately and seek the appropriate procedural relief through counsel.

An internal request for more time does not change a court deadline. Keep evidence of any extension actually granted.

WORKING METHOD | Illustrative material is identified in the text.

Confirm who may act for the institution

Punjab's official arrangements distinguish legal representation from an officer's personal choice of lawyer.

Check the representation route

- Identify whether the party is the Provincial Government, a department, an autonomous institution, an officer or several of these.
- Use the applicable departmental or institutional route for legal advice and representation. Keep the appointment or authority on file.

Check the instructions

- Name the authorised focal person and the person who may approve the hospital's position. Resolve any conflict between institutional and personal interests.
- AG Punjab guidance calls for written, signed instructions. Record any limits on concessions, undertakings, expenditure or settlement.

The Advocate General's stated functions include specified government cases and officer cases the Government decides to conduct.

Sources: **A1**: Instructions | **A2**: government and officer representation

Build a useful brief for counsel

Suggested brief structure. It should let the adviser identify the legal issue without searching through unrelated files.

01 Question

State the advice or action required and the next deadline.

02 Proceedings

Provide the complete notice, petition, claim and latest orders.

03 Facts

Give a dated account and identify disputed or missing facts.

04 Authority

Attach relevant powers, approvals, contracts and applicable rules.

05 Evidence

Index the records and identify the people who can explain them.

06 Decision

State what has been approved and what still needs approval.

Include material that may weaken the hospital's position. Counsel cannot address a fact that the institution conceals.

WORKING METHOD | Illustrative material is identified in the text.

A chronology that can be checked

Invented example: a dispute concerns the response to an equipment fault. Each statement points to its supporting record.

Date and time	Recorded event	Source and remaining question
3 March, 08:10	Ward logged a fault in Monitor A.	Fault register F-18; check whether the entry time is the report time.
3 March, 08:25	Technical team acknowledged the request.	Service log S-42; acknowledgement does not prove repair.
3 March, 09:00	A replacement was recorded as issued.	Equipment issue slip E-11; confirm receipt at the ward.
4 March	Department head reported continuing concern.	Signed email; identify the device and concern precisely.

Preserve the original timestamps. If clocks or accounts conflict, show the difference and investigate it.

TEACHING CASE | Illustrative material is identified in the text.

Prepare paragraph-by-paragraph comments

Suggested factual worksheet for legal vetting. The authorised legal team determines the final pleading.

Part of the reply	What to write	Example
Paragraph number	Identify the exact allegation being answered.	Paragraph 6: no response to equipment failure.
Verified position	State what the available record supports.	The log records an acknowledgement at 08:25.
Supporting material	Point to an indexed annexure and the relevant entry.	Annexure B, service log S-42.
Limit or clarification	State what is unverified or needs qualification.	Acknowledgement alone does not establish restoration of monitoring.

AG Punjab guidance calls for issue-wise comments, supporting legible documents and legal vetting with a knowledgeable official.

Sources: **A1**: Report and Comments

Make annexures reliable and easy to use

An annexure is a document attached to support a statement. These are suggested preparation checks.

01 Identity

Give each item a consistent label, title and date.

02 Completeness

Include the required pages, attachments and relevant context.

03 Legibility

Use a readable copy. Obtain a better copy where necessary.

04 Traceability

Record where the original is kept and who supplied the copy.

05 Consistency

Match labels and page references in the reply and index.

06 Certification

Use the certification or authentication the procedure requires.

Keep an unaltered source set. Label any translation, extract or authorised redaction so it cannot be mistaken for the complete original.

WORKING METHOD | Illustrative material is identified in the text.

Verify before signing

Suggested controls for an affidavit, verified reply or other statement intended for proceedings.

The person signing

- Confirm authority to sign and understand the statement. Distinguish personal knowledge from information obtained from identified records or people.
- Read the final version with its annexures. Resolve contradictions and follow the required verification and attestation procedure.

The institutional check

- Compare names, dates, amounts and quotations against the source. Confirm that the legal adviser reviewed the version being submitted.
- Keep the signed version, filing acknowledgement and any later correction. If a material error is found, inform counsel promptly.

Never sign a blank statement or certify an assumption as a fact. Urgency is a reason to escalate a gap, not to fill it with invented detail.

WORKING METHOD | Illustrative material is identified in the text.

An injured patient needs care before formalities

The Injured Persons (Medical Aid) Act, 2004 was adapted for Punjab in 2012. Its hospital definition refers to hospitals notified under section 7.

The legal requirements

- Section 3 requires medical aid without delay, with priority over medico-legal formalities.
- Section 8 bars taking the injured person to a police station before necessary medical aid and treatment.

The MS coordination

- Make the emergency-care and medico-legal contact routes work together. Check the hospital's notified status and current arrangements.
- Section 6 requires referral documents and safe custody of transfer records at both hospitals. Arrange clinically appropriate transfer when required.

Do not make police paperwork a condition for urgent treatment. The clinical team determines care and referral within the applicable requirements.

Sources: **M1**: sections 1-3, 6-8

Coordinate the medico-legal record

Suggested leadership checks. A clinical record documents care; a medico-legal certificate or report records the formal examination and opinion.

01 Care

Ensure treatment and the clinical record continue without delay.

02 Officer

Identify the currently authorised medico-legal officer and backup.

03 Procedure

Check required notifications, consent and the applicable examination route.

04 Evidence

Use trained staff and the required collection, sealing and custody process.

05 Report

Check identity, dates, findings, signatures and the approved report format.

06 Release

Record the lawful recipient, material supplied and acknowledgement.

The 23 February 2026 SHC&ME circular calls for typed/computerised reports to investigating officers in cases registered under the Anti-Rape Act.

Sources: **M2**: paragraphs 2-3

The PHC baseline for medical records

PHC's hospital MSDS connects the reliability of the medical record with continuity of care.

Make the entry attributable

- Indicator 144 addresses a unique record identifier. Indicator 145 addresses authorised persons making entries.
- Indicators 146-147 require dated and timed entries with an identifiable author.

Make the record usable

- Indicator 148 addresses an up-to-date chronological account and orderly storage under applicable requirements.
- Indicator 155 addresses access to current and past records. Standard 30 addresses record review and correction of system deficiencies.

Use the applicable PHC manual and record policy. This lecture does not prescribe a single retention period for every category of record.

Sources: **P1**: standards 28-30

Issue a targeted preservation instruction

Suggested control when a complaint, investigation or legal dispute makes particular records relevant.

01 Scope

Identify the patient, event, service, date range and case reference.

02 Holders

Notify the departments, records staff, IT and relevant contractors.

03 Records

Include paper, electronic files, messages, logs and relevant CCTV.

04 Protection

Suspend routine deletion or disposal for the identified material.

05 Confirmation

Record who confirmed preservation and any loss already found.

06 Review

Name who reviews the hold and authorises its eventual release.

Preserve relevant material promptly and proportionately. Keep ordinary care records available to authorised treating staff.

WORKING METHOD | Illustrative material is identified in the text.

Preserve electronic information properly

The Electronic Transactions Ordinance recognises electronic form, with conditions for integrity, accessibility and retention.

Ask IT to retain the evidence

- Keep the native record or an appropriate reliable export, relevant metadata and the audit history. Record who made the export and when.
- Record the system, account, date range and any known clock error. Preserve messages with enough context to understand the exchange.

Keep a usable copy

- Test that the saved information opens and can be read. Keep access restricted and preserve a protected master copy.
- A screenshot may be useful, but it may omit edits, attachments, sender details or context. Identify these limits for counsel.

These are suggested preservation controls. An electronic document is not proved authentic merely because it is electronic.

Sources: **E1**: sections 3-6

Evidence: four distinctions to understand

Qanun-e-Shahadat governs evidence in proceedings within its scope. The court determines how the rules apply.

Distinction	Plain meaning	Practical response
Original and copy	The rules distinguish primary and secondary evidence.	Keep originals and explain the source of each copy.
Copy and certified copy	Certification has legal requirements; a photocopy is not automatically certified.	Identify who can certify and which procedure applies.
Fact and opinion	An observation and a specialist conclusion are different.	Identify the witness and the basis of any expert opinion.
Electronic form and proof	Electronic recognition is distinct from proving authenticity.	Preserve context, integrity and the relevant system evidence.

A hospital register organises evidence. It does not determine admissibility or establish that every entry is true.

Sources: **Q1**: articles 59, 71-78A, 85-90 | **E1**: sections 3-6, 12

Record custody and transfers

Chain of custody means a documented account of who controlled an item and what happened to it. This is a suggested log.

Field	Example	Purpose
Item and source	Original complaint register, volume 4; pages 51-60.	Identifies the material and its source.
Collection	Records officer; date, time and reason.	Explains how it entered the case file.
Transfer	From, to, date, purpose and signed receipt.	Tracks movement and responsibility.
Condition and return	Copy made, seal checked, storage or return details.	Makes a change, loss or unexplained gap visible.

Follow any specific seizure, forensic or court requirements. A general office log cannot replace a required specialist procedure.

WORKING METHOD | Illustrative material is identified in the text.

Correct an error without hiding history

Suggested record-control principles. Use the approved clinical or administrative correction procedure.

For a paper record

- Keep the original entry readable. Record the correction, current date and time, author and reason as the approved procedure requires.
- A late entry should identify when it is being made and the earlier event it describes. Explain the information source.

For an electronic record

- Use the authorised amendment function and retain the audit trail. Do not ask IT to overwrite or remove the original history.
- Preserve earlier versions relevant to the case. Tell counsel when an error affects a document already supplied or filed.

Do not backdate, recreate a missing entry as if it were original, or instruct witnesses to make their accounts agree.

WORKING METHOD | Illustrative material is identified in the text.

Disclose through the correct route

DGHS guidance requires protection of patient confidentiality. A disclosure decision must address the actual purpose and authority.

A patient or representative request

- Verify identity and authority to receive the information. Apply the relevant access procedure and record what was supplied.
- Check uncertainty about a child, capacity, a deceased patient or a disputed representative through the designated clinical and legal route.

A public information request

- Send a request under the Punjab RTI Act to the Public Information Officer. Apply the statutory process and time limits.
- Section 13 addresses privacy and privilege, release of separable non-exempt information and the Commission's public-interest power.

An entire file is not automatically public or automatically exempt. Keep the reasons and lawful basis for the response.

Sources: **D1**: confidentiality and patient information | **R1**: sections 7, 10-13

Confidentiality and legal privilege differ

Confidentiality controls access to information. Legal privilege is a specific legal protection with conditions and exceptions.

The statutory starting point

- Qanun-e-Shahadat Articles 9-12 concern specified professional communications with legal advisers and related protections.
- The protection has limits. Article 9 excludes communications for an illegal purpose and specified facts showing crime or fraud.

The practical handling

- Ask counsel to identify protected advice and the proper disclosure response. Restrict circulation to those who need it.
- Do not assume that marking a paper "confidential" or copying a lawyer protects every attachment or hospital report.

Keep underlying records intact. Refer an uncertain claim of privilege for legal determination rather than using it as a reason to ignore a lawful order.

Sources: **Q1**: articles 9-12

When records must be produced

Suggested process to comply accurately while addressing a genuine question about scope or protection.

1	**Read**	Identify the requesting authority, case, required records, format, recipient and deadline.
2	**Review**	Arrange prompt legal review of any scope, identity or protection issue. Seek clarification through the proper route.
3	**Prepare**	Identify and index the required material. Apply the required certification and safe transmission arrangements.
4	**Account**	Record what was produced, by whom, to whom and when. Retain an authorised copy or inventory and receipt.

A request for clarification is not a stay. Do not silently omit a required item; explain any unavailable item through the authorised response.

WORKING METHOD | Illustrative material is identified in the text.

Clinical facts and expert opinion

The hospital must make the relevant people available through the authorised process. The MS should not become a substitute for every witness.

A factual account

- The treating clinician explains their own care and observations. The records custodian explains the record system and retrieval.
- Separate what is remembered from what is read in a record. State uncertainty and the limits of personal knowledge.

An expert opinion

- An appropriately skilled expert explains the question, records considered, reasoning and limits of the opinion.
- Qanun-e-Shahadat Article 59 addresses relevant expert opinions, including technical questions about electronic authenticity and integrity.

Appointment as MS alone does not establish expertise in every disputed specialty or in forensic examination of digital material.

Sources: **Q1**: articles 59 and 71

Prepare the authorised officer for a hearing

Suggested checklist to prevent avoidable gaps in the hospital's assistance to the court.

01 Direction

Check the latest order and whether personal attendance is required.

02 Authority

Carry the applicable authorisation and contact details of counsel.

03 Knowledge

Know the verified facts, disputed points and missing information.

04 Documents

Bring the required indexed records and copies in the correct form.

05 Limits

Know which instructions are approved and what needs a fresh decision.

06 Follow-up

Record the next action and arrange cover for hospital duties.

Answer accurately and respectfully. If a fact is not known, say so and obtain it through the procedure the court permits.

WORKING METHOD | Illustrative material is identified in the text.

Turn an order into an action sheet

Suggested management translation of a court direction. Use the complete order, checked with counsel.

01 Party

Which person or institution is bound by this direction?

02 Action

What must be done, stopped, produced or reconsidered?

03 Scope

Which post, contract, patient, period or transaction is covered?

04 Timing

When does the direction take effect and when is compliance due?

05 Proof

What record will demonstrate the action taken?

06 Reporting

Who will report compliance and through which filing route?

If wording is unclear or compliance is obstructed, seek prompt legal guidance and appropriate court relief. Do not invent an exception.

WORKING METHOD | Illustrative material is identified in the text.

An appeal and a stay are different

Order XLI rule 5 CPC states that an appeal does not by itself stay the appealed decree or order.

What counsel must confirm

- Identify the available remedy, applicable deadline, approval route and any application for interim relief.
- For a claimed stay, obtain the actual order and check its scope, conditions, duration and later variation.

What the hospital must track

- Record ongoing compliance duties while the challenge proceeds. A proposal to appeal is not an order stopping compliance.
- Circulate the verified operational direction to the affected unit. Update it when the court changes the position.

Use the governing law of the actual proceeding. Do not transfer a civil appeal rule or a remembered stay period to every forum.

Sources: **C1**: Order XLI, rule 5

A judgment requires a managed response

AG Punjab guidance calls for prompt written intimation, a certified copy and advice on the available remedy after an adverse decision.

1	**Understand**	Obtain and read the operative decision with counsel. Identify every required action and relevant date.
2	**Decide**	Seek the competent authority's decision on implementation and any lawful challenge. Record reasons and approvals.
3	**Implement**	Assign each action to a named officer. Arrange the required administrative and financial processing promptly.
4	**Verify**	Check actual completion, keep evidence and submit the required compliance report through the proper route.

A file marked "sent to the department" does not establish that the court direction has been implemented.

Sources: **A1**: Court Decision against Government

Control legal costs and settlement decisions

Suggested governance checks. The institution's governing law and delegations determine who may approve each commitment.

Expenditure

- Confirm the authorised appointment, agreed scope and permissible fee arrangement before committing funds.
- Verify the service, bill, approval and budget route. Keep a record of costs, deposits and any recovery required.

Settlement or concession

- Obtain legal advice and an evidence-based assessment of the proposed terms, cost and effect on hospital services.
- Seek all required approvals before making a binding concession, undertaking, withdrawal or settlement. Record the authorised terms.

A wish to end a dispute does not itself create power to spend public money or surrender an institutional right.

WORKING METHOD | Illustrative material is identified in the text.

A key record cannot be found

Invented example: counsel asks for the original register entry cited in the draft hospital reply. The photocopy is available but the original is missing.

Immediate control	Preserve the copy and related records. Ask the records custodian to document the search and last known location.
Factual response	Tell counsel exactly what is available and what is missing. Do not describe a copy as the original.
Legal response	Counsel considers the explanation, proof and procedure needed in the actual proceeding.
Institutional response	Examine why custody failed and protect other relevant records. Correct the draft if it overstates the evidence.

A missing original is a problem to disclose and address. Recreating it and presenting it as the original would create a further integrity failure.

TEACHING CASE | Illustrative material is identified in the text.

Maintain a live case register and handover

Suggested fields for oversight. Keep personal and clinical detail in the restricted case file.

Register field	What it should show	Review question
Case and lead	Forum, case number, responsible officer and backup.	Who can act if the lead is absent?
Next requirement	Exact action, owner, external date and internal date.	Is any step late or dependent on an unmade decision?
Current order	Latest verified direction and implementation status.	What proves compliance?
Evidence and closure	Missing records, file location, outcome and remaining duties.	Can a successor take over without losing a deadline?

Close a case only after checking outstanding orders, costs, remedies and retention needs. Preserve the record of authorised closure.

WORKING METHOD | Illustrative material is identified in the text.

Three decisions to practise

Write your answer and the reason before turning to the next page.

1. Deadline

A court notice requires a reply on a stated date. The records team says it needs longer. The file has been forwarded to the Secretariat.

Has the deadline changed? What action is needed?

2. Evidence

A cropped screenshot appears to support the hospital. The full electronic conversation contains a later correction.

What must the brief preserve and explain?

3. Order

The hospital intends to appeal a civil decree. No stay order has been obtained. A unit proposes to pause all implementation.

What should the MS verify and arrange?

For each case, identify the immediate action, who has authority to decide, and the record that should remain.

TEACHING CASE | Illustrative material is identified in the text.

Answers and reasons

Compare the authority, immediate action and evidence needed for each decision.

1. Escalate the actual deadline

Forwarding does not change the date. Identify the gap, alert counsel and the competent authority, and arrange urgent preparation. Any extension must be obtained through the applicable process and recorded.

2. Preserve the full context

Retain the relevant conversation, correction and original electronic material. Tell counsel the limits of the screenshot. Do not submit a selected extract in a way that misrepresents the record.

3. Check the governing position

An appeal alone does not stay the decree under Order XLI rule 5 CPC. Obtain advice on compliance and any application for interim relief. Act on the actual order and document each required step.

These answers teach administrative controls. Counsel applies the specific law, procedure and court directions to a live case.

Sources: **C1**: Order XLI, rule 5 | **E1**: integrity and retention

Prepare one complete case control pack

Use a non-confidential real case or the invented examples in this lecture.

The case card

Use an invented case. State the claim, forum, next direction, dates and responsible officers.

The factual brief

Prepare a chronology, factual reply worksheet and document index. Identify one evidence gap.

The action sheet

List preservation, approvals, filing tasks and compliance evidence. Name a backup and file location.

Review the pack with the designated legal and records leads. Test whether another officer could identify and perform the next required action.

Next: Lecture 36 - Fact-Finding, Investigations and Evidence.

WORKING METHOD | Illustrative material is identified in the text.

Sources and continued use | 1

Select a source title or its official-source link to open the document.

A1

Guidelines for Law Officers

Official guidance on case preparation, comments, written instructions and decisions. Used for administrative principles. Older constitutional references on that page are not taught as current jurisdictional advice.

Advocate General Punjab | **Official source**

A2

Duties and Functions of the Advocate General

Official description of advice and representation for the Punjab Government and cases involving government officers. Institutional status, the case and applicable authorisation determine the representation route.

Advocate General Punjab | **Official source**

Q1

Qanun-e-Shahadat, 1984

Pakistan Code text, footer RGN 08-01-2026. Articles 9-12, 59, 71-78A and 85-90 support the stated evidence and professional-communication principles. The court decides admissibility and weight.

Ministry of Law and Justice | Pakistan Code | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.

Sources and continued use | 2

Select a source title or its official-source link to open the document.

E1

Electronic Transactions Ordinance, 2002

Sections 3-6, 12 and 16: electronic form, integrity, accessibility, retention, certified copies and the appropriate authority's procedures. Electronic recognition does not establish that every screenshot or printout is authentic.

Ministry of Law and Justice | Pakistan Code | **Official source**

P1

PHC Minimum Service Delivery Standards for Hospitals

2024 cover; document CG-01MS-Ed2-01092023. Information Management System, standards 28-30, especially indicators 144-148 and 155-162. Obtain the applicable manual through the official catalogue.

Punjab Healthcare Commission | Official catalogue | **Official source**

C1

Code of Civil Procedure, 1908

Order XLI, rule 5: an appeal does not itself stay the appealed decree or order. Check current Punjab amendments and the actual court order. Pakistan Code marks this text as under review.

Ministry of Law and Justice | Pakistan Code | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.

Sources and continued use | 3

Select a source title or its official-source link to open the document.

R1

Punjab Transparency and Right to Information Act 2013

Sections 7 and 10-13: lawful access, privacy, privilege, severability and the Information Commission's public-interest power. Read with current amendments and directions.

Government of Punjab | Health Department official copy | **Official source** | **Punjab Laws**

D1

Healthcare Providers Obligations

Official guidance on protecting patient records and confidentiality, lawful disclosure and patient information. Practical controls in this lecture support these duties; they do not define every possible legal exception.

Directorate General Health Services, Punjab | **Official source**

M1

Injured Persons (Medical Aid) Act, 2004

Act XII of 2004, adapted for Punjab by Act III of 2012. Sections 1-3, 6-8: scope, immediate care, referral records and police-station safeguards. The statutory hospital definition refers to notification under section 7.

Government of Punjab | Health Department official text | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.

Sources and continued use | 4

Select a source title or its official-source link to open the document.

M2

Computerized Typed Medicolegal Report

SHC&ME circular No. SO(TECH)3-2/2026, 23 February 2026. Paragraphs 2-3 address typed/computerised medico-legal reports, including provision to investigating officers in Anti-Rape Act cases.

Specialized Healthcare and Medical Education Department, Punjab | **Official source**

Keep the applicable law, current court directions and institutional delegations with the case. Review the sources when the law or procedure changes.

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.