



| | |
|--|-----------------------------------|
| Policy Name: Patient Right to Access, Inspect and Copy PHI | Policy Number: Information 116 |
| Approval Body: Community Health Service Inc. Board of Directors | Page 1 of 4 |
| Date(s) Approved/Reviewed June 21, 2014 | Version Number: 1.0 |
| Review Date: June 21, 2016, October 27, 2018 | |

1.0 Policy and Procedure Overview

This policy includes the procedures to follow when a patient requests to disclose their medical information to another physician, hospital or medical facility, an attorney, insurance company, to the patient or any other party authorized by the patient.

2.0 Responsibilities

2.1 Board of Directors – The Board of Directors is responsible for the approval of this policy and procedure on a bi-annual basis (2 years).

2.2 Privacy Officer - The Operations Director is designated as the Privacy Officer and is responsible for implementing and enforcing the Patient Right to Access, Inspect and Copy Protected Health Information (PHI) policy.

2.3 Community Health Service Inc. (CHSI) Employees - All employees are required to comply with the guidelines set forth in this policy.

3.0 Policy

All information contained within the patient's medical record will be maintained in a confidential manner and comply with state and federal regulations. CHSI will allow a patient the right to access, inspect and obtain a copy of their PHI in CHSI's designated record for as long as the PHI is maintained in CHSI records.

3.1 PHI may be only accessed (used or disclosed) as follows:

- To those directly involved in the treatment of the patient
- To comply with public health regulations
- For the payment of services provided to a patient
- To researchers as authorized by the patient
- As required by law
- As authorized by the patient or other legally authorized individual (or entity)

3.2 PHI may be disclosed with a written authorization from the patient if:

- The authorization is in writing, is dated, and is signed or otherwise validated
- The authorization specifies the information to be disclosed
- The authorization specifies the entity or location to disclose the information
- The authorization specifies the person or persons to receive the information

4.0 Procedure

Access to PHI

4.1 The following information must be reviewed before PHI is disclosed:

- A patient or other designated authorized individual requesting disclosure of the medical information has completed a Release of Information form. The form needs to be scanned into the electronic medical record (EMR).
- The date on the authorization must not be more than one year old or must not have expired.

4.2 A healthcare provider can verbally disclose or fax medical information to a physician, hospital or medical facility upon receipt of the required authorization or a statement in the record documenting that the patient is unable to authorize release of their information in an emergency.

4.3 Medical information may be released and/or disclosed with another healthcare provider/healthcare organization without a signed authorization if the healthcare providers have a patient in common for continuity of care. An example would be a physician has referred a patient for specialty consult. The consulting physician will be able to share a report of their findings with the referring physician.

4.4 Patients have the right to designate a third party to receive copies of their medical information. The patient must complete an authorization identifying the third party and the authorization will be scanned in the EMR.

4.5 Upon presentation of proper authorization from the patient, a parent, guardian or any executor of the estate of a deceased patient; attorneys; and others with compliant authorization for the medical information of a patient will be provided with the requested information.

4.6 Members of law enforcement that request medical information in the absence of an authorization form from the patient shall be referred to the Privacy Officer.

4.7 Mental health records require the approval of the mental health provider or their designee when requested by the patient. If in the opinion of the physician it is felt that the information may be harmful to the patient or others, the provider may deny access to the information. This opinion must be stated in the medical record.

4.8 CHSI will take action within a reasonable amount of time or within 30 days after receipt of the request when the PHI is on-site and within 60 days when the PHI is off-site. One 30 day extension is permitted, if CHSI provides the patient with a written statement of the reasons for the delay and the date by which the access will be processed.

4.9 CHSI will document the designated record set subject to access and the name of the person responsible for receiving and processing requests for access.

4.10 A patient may receive up to 20 copies at no charge. CHSI will charge \$0.10 per page for records over 20 pages up to a maximum of \$6.50 for copies if the patient has been informed of the charge.

4.11 If the patient upon inspection feels the record is inaccurate or incomplete, the patient has the right to request an amendment to PHI. CHSI will process a request for amendment as outlined in the Amendment to PHI policy.

4.12 The patient has the right to an electronic copy in the form or format they request if CHSI is able to produce in the requested format.

4.13 If the patient requests a copy through an unsecure channel, the patient must be notified there may be some level of risk.

Access, Inspection and/or Copy Request is denied in Whole or Part

4.14 CHSI must provide a written denial to the patient. The denial must be in plain language and contain: The basis for the denial, a statement, if applicable, of the patient's review rights, and a description of how the patient must complain to CHSI or to the Secretary of Health and Human Services.

Exceptions to a Patient's Right to Access

Individuals have the right to inspect and obtain copies of their PHI outlined within the organization's designated record set, with a few exceptions. Covered entities may deny patient access without providing the patient an opportunity to review the designated record set in the following circumstances:

- The information is contained in psychotherapy notes.
- The information has been compiled in reasonable anticipation of or use in a civil, criminal, or administration action or proceeding.
- The covered entity is a correctional institution or a healthcare provider acting under the direction of the correctional institution, and an inmate's request to obtain a copy of protected health information would jeopardize the individual, other inmates, or the safety of any officer, employee, or other person at the correctional institution, or a person responsible for transporting the inmate.
- The individual agreed to temporary denial of access when consenting to participate in research that includes treatment and the research is not yet complete.
- The records are subject to the Privacy Act of 1974 and the denial of access meets the requirements of that law.
- The PHI was obtained from someone other than a healthcare provider under a promise of confidentiality and access would likely reveal the source of the information.

A covered entity may also deny an individual access for other reasons, provided that the individual is given a right to have such denials reviewed under the following circumstances:

- A licensed healthcare provider has determined that the access is likely to endanger the life or physical safety of the individual or another person.
- The PHI makes reference to another person who is not a healthcare provider, and a licensed healthcare professional has determined that the access requested is likely to cause substantial harm to that other person.
- The request for access is made by the individual's personal representative, and a licensed healthcare professional has determined that access is likely to cause substantial harm to the individual or another person. In such situations, the individual must be given the right to have the denial reviewed by a licensed healthcare professional for a second opinion

4.15 CHSI will, to the extent possible, give the patient access to any other PHI requested, after excluding the PHI as to which CHSI has grounds to deny access.

5.0 Enforcement

Any party found to have violated this policy and procedure may be subjected to coaching or discipline as defined in the Employee HIPAA Sanction Policy.

6.0 Timing and Review

This policy will be reviewed every 2 years or upon changes in CHSI's Systems or State and/or Federal regulations.

Community Health Service Inc.
810 4th Avenue South #101
Moorhead, Minnesota 56560
Phone 218-236-6502
Fax 218-236-6507

RELEASE OF MEDICAL INFORMATION AUTHORIZATION
Please fill out completely or release may not be processed.

PATIENT NAME: _____
LAST FIRST MI MAIDEN OR OTHER NAME(S) USED
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DAY PHONE: _____ CHSI ID: _____ DATE OF BIRTH: ____ / ____ / ____ SS#: _____

I hereby authorize the release of information from my medical records as indicated below:

RELEASE INFORMATION FROM:

RELEASE INFORMATION TO:

PROVIDER/FACILITY NAME: _____

ADDRESS: _____

CITY /STATE/ZIP: _____

PHONE/FAX: _____

PROVIDER/FACILITY NAME: _____

ADDRESS: _____

CITY /STATE/ZIP: _____

PHONE/FAX: _____

INFORMATION TO BE RELEASED:

☐ Check this box to mutually exchange information

- ☐ PROGRESS NOTES ☐ LAB REPORTS ☐ FAMILY PLANNING ☐ HIV RELATED INFORMATION ☐ IMMUNIZATION RECORD ☐ OTHER: _____
☐ HISTORY & PHYSICAL ☐ XRAY REPORTS ☐ MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐ BILLING STATEMENT ☐ ENTIRE RECORD

☐ I authorize to release records containing information regarding the diagnosis or treatment of HIV (aids virus), other sexually transmitted diseases, drug or alcohol abuse, mental illness or psychiatric treatment, or Family Planning information.

Signature: _____

PURPOSE OF DISCLOSURE:

- ☐ CHANGING PHYSICIANS ☐ CONTINUING CARE ☐ IDENTIFICATION CARD ☐ LEGAL ☐ SCHOOL ☐ OTHER: _____
☐ CONSULTATION ☐ DISABILITY DETERMINATION ☐ INSURANCE ☐ PERSONAL ☐ WORK COMP.

REQUESTED DATES OF INFORMATION: _____ TO _____

****RECORDS FOR THE LAST 2 YEARS WILL BE RELEASED IF DATES NOT SPECIFIED****

- I understand that authorizing the disclosure of this information is voluntary and upon request, I may limit the amount of time that this consent for release of information is valid. I understand that by authorizing this release of information, my health care and payment for health care will not be affected if I do not sign this form. I understand that I can receive a copy of this form after I sign it.
- I understand that I may revoke this authorization at any time by sending a written notice to the health care facility/provider noted above, and understand that the revocation will not apply to information that has already been released.
- I understand that any disclosure of information carries with it the potential of unauthorized re-disclosure by recipient and is no longer protected by Federal privacy regulations.
- I understand that in compliance with Minnesota statute, I will pay a fee to cover reproduction and mailing. There is no charge for medical records if copies are sent to facilities for ongoing care or follow up treatment.
- I understand this request for information may take up to 30 days to be fulfilled.**
- This authorization is effective through _____ or within one year of the date signed.

Signature of Patient or Legal Representative

Date

Printed Name

Relationship to patient if signed by Legal Representative.

This authorization will expire a year from signed date. If the patient is a minor, the parent or guardian **must** sign unless emancipated. Proof of guardianship is required. Adults must sign for themselves unless incapacitated.

☐ Faxed ☐ Mailed ☐ Pick Up

FOR OFFICE USE ONLY

Identification Presented at pick up: _____

Completed By: _____

Date Request Filled: _____