



POLICY	PATIENT ACCESS TO HEALTH RECORD 10.00.08	Department:	Organization Wide
Effective Date:	February 2007	Revision Date(s):	02/2004, 9/04, 2/07
Signature:	_____		6/09

Policy: Since 1983 California law has guaranteed that patients can obtain their medical information from their health care providers, with limited exceptions. HIPAA contains a similar provision (45 C.F.R. Section 164.524; Health and Safety Code Section 123100 *et seq.*). A patient (or that person's personal representative) has the right of access to inspect and obtain a copy of the individual's own protected health information (PHI) in a designated record set.

Responsibilities:

1. Personnel will not attempt to explain or interpret anything in the record. The patient or patient's representative will be referred to the physician or responsible health care professional for any necessary assistance in understanding the information contained in the record.
2. MRCH maintains the discretion to prevent a parent or guardian's access to a minor's PHI when such access would be detrimental to the minor's physical safety or psychological well-being, or would harm the provider's professional relationship with the minor. If a minor has the right to consent to treatment and to inspect the record, a provider may not grant a parent or representative access to that minor's PHI. Examples would be emancipated minors, unmarried minors seeking abortion, or care for communicable reportable diseases or conditions of 12 years or older).

Procedure:

1. Requests will be made utilizing the MRCH form *Authorization for Use or Disclosure of Medical Information*. Sufficient information will be provided by the patient to confirm their identity. Clarification will be made whether the patient wishes to inspect, or desire a copy. Patient access to their health information must be logged according to the HIPAA federal law.
2. Records will be reviewed prior to permitting inspection or providing copies to ensure:
 - a. integrity of the record
 - b. completeness of the record
 - c. removal of any portion of the record relating to someone other than the patient
 - d. removal of any information furnished in confidence by someone other than the patient or another provider; third party comments.
 - e. appropriateness of request of minor patients

- f. consideration of possible adverse determination on records of minor patients, psychiatric records, or drug abuse records
 - g. removal of information regarding HIV test results
3. The physician may choose to provide a detailed summary in lieu of copies of records.
 4. Inspection may be carried out during business hours (9 A.M. to 4 P.M.), Monday through Friday, except for holidays.
 5. Inspection will be carried out in the area normally used for review of records by other authorized reviewers, under the direct supervision of designated Medical Record personnel.
 6. H.I.M./HH clerk will log the request onto the Release of Health Information Log.

Identification:

1. Reasonable effort to establish the identity of the patient or patient's representative will be made prior to the beginning of inspection or provision of copies. Persons requesting access as guardians or conservators of the person must present evidence of appointment. This policy does not apply to the records of deceased patients. These records may be released only through subpoena or court order, or to the administrator or executor of estate after having produced the appropriate documentation.
2. Identification procedures shall not be used to delay or frustrate authorized access.
3. MRCH will permit a patient to request access to inspect or obtain a copy of their PHI that is contained within a designated record set. MRCH requires that requests by patients for access to such records be presented in writing.
4. MRCH will have the Authorization for Use or Disclosure of Medical Information available to individuals in the Health Information Department and clinics. This form will be used to request records and authorize their disclosure (attachment A).
5. Once the request is received and identification is confirmed, HIM/clinic staff will give an estimation of the cost to the patient/representative. It is to be made clear that this is only an estimate and payment must be made before the copies are released. ¼ inch of paper is approximately 50 pages.

Review:

1. One individual may accompany the patient or representative during the inspection. If the attending physician elects to participate in the inspection, the patient may choose one additional person to participate, if desired.
2. Records will be made available for inspection by patient or patient's representative within five (5) working days of receipt of written request.

Release:

1. If the authorization, identification and payment are made, the facility may (but is not required to) release the record to the patient.
2. The Correspondence clerk will log the release of information in the electronic Health Information Release of Information log.

Timeline:

1. MRCH must permit inspection of the record within five working days of receiving an individual's (or representative's) written request.
2. MRCH must provide a summary within 10 working days of receiving an individual's request for a summary of medical information, or within a maximum of 30 days if the provider notifies the individual that more time is necessary, either because of the length of the record or because the individual was discharged from the hospital within the prior 10 days.
3. MRCH must mail copies of records or call for pickup within 15 days after receiving a written request.

Charges:

1. If the patient/representative agrees to commission the organization to make the requested copies, a financial agreement is signed by the requestor. The requestor is obligated to pay for the copies before delivery (attachment B).
2. When the patient/representative presents at the HIM department, he/she is sent to the switchboard for payment. Switchboard personnel will credit the payment towards revenue code #108. If the payment is mailed, the correspondence clerk will submit the payment to the business office.
3. Charges must be paid in advance before obtaining copies. Charges will be made as follows:

Copies from original record per page..... \$ 0.25
Postage: for transmittal of copies (actual) (actual cost)
Providing Summary in lieu of record..... (actual cost)

Committee Approval: N/A

Policy Author: Linda Myers, Revision by Patty Carroll

Original Date: February 23, 1989

References: California Assembly Bill 610, Health & Safety Code Section 123110(a)(b), 123130(a); CFR Section 164.524(b)(c), California Health and Safety Code Section 121010 and 123148.



**AUTHORIZATION FOR RELEASE OF
MEDICAL INFORMATION**

Completion of this document authorizes the disclosure and/or use of health information about you. Failure to provide all information requested may invalidate this Authorization.

Name of Patient: _____

USE AND DISCLOSURE:

I hereby authorize: _____
(hospital/clinic)

To release to: _____
(persons/organization authorized to receive information) (address – street, city, state, zip code)

the following information:

- a. All health information pertaining to my medical history, mental or physical condition and treatment received – **OR:**
 Only the following records or types of health information (including any dates):

- b. I specifically authorize release of the following information (check as appropriate)

- HIV test results
- Mental health treatment information⁽¹⁾
- Alcohol/drug treatment information

PURPOSE: Purpose of requested disclosure: _____

EXPIRATION: This authorization expires (date): _____

MY RIGHTS: I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits ⁽²⁾. I may inspect or obtain a copy of the health information that I am being asked to allow

the use or disclosure of. I may revoke this authorization at any time, but I must do so in writing and submit it to the following address: Mad River Community Hospital, Health Information Management Department, PO Box 1115, Arcata, CA 95518. My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon the authorization. I have a right to receive a copy of this authorization (3). Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).

If this box is checked, the Requestor will receive compensation for the use or disclosure of my information(4).

Signature _____
(patient/representative/spouse/financially responsible party)

Printed Name _____

Patient Date of Birth _____

Date: _____ Time: _____

If signed by someone other than the patient, state your legal relationship to patient: _____

Witness _____

- (1) If mental health information covered by the Lanterman-Petris-Short Act is requested to be released to a third party by the patient, the physician, licensed psychologist, social worker with a master's degree in social work or marriage and family therapist, who is in charge of the patient must approve the release. If the release is not approved, the reasons therefore should be documented. The patient could most likely legally obtain a copy of the record himself or herself and then provide the records to the third party, however.
- (2) If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (1) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations or (ii) to create health information to provide to a third party or for disclosure of the health information to such third party.
- (3) Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 C>F>R> Section 164.508(d)(l),(e)(2)).
- (4) The requestor is to complete this section of the form.