



	<u>Effective Date</u>		
	<b>July 2007</b>		
	<u>Number</u> <b>HP 004</b>	<u>Replaces Policy</u>  <b>NEW</b>	
<u>Title</u> <b>Patient Privacy Patient's Right to Access</b>	<u>Date Revised</u>  <b>July 2007</b>	<u>Date Reviewed</u>	<u>Next Scheduled Review Date</u>  <b>July 2010</b>
<u>Signature</u>  _____	<u>Scope of Responsibility</u>  <b>HIPAA/Compliance</b>		
<b>Chief Privacy Officer</b>			

**PURPOSE:** To ensure patients the right to inspect and/or obtain a paper copy of their Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, and any and all other Federal regulations and interpretive guidelines promulgated thereunder.

**POLICY:** Patients have a right to inspect and obtain a copy of their protected health information contained within the designated record set. Exceptions include psychotherapy notes, information compiled for use in civil, criminal or administrative actions, and information that is subject to prohibition by the Clinical Laboratory Improvements Amendments (CLIA). IMH may deny a request under certain circumstances outlined in the procedure.

**PROCEDURE:**

**Requests for Access and Timely Action**

1. An adult patient, personal representative of a deceased patient or any person authorized to consent to health care for the patient may request access to or request a copy of his/her protected health information as contained in the designated record set. Requests for access to information contained in the "medical records" portion of the designated record set must be presented in writing. To be valid, the responsible party must date and sign the written request. The request must also identify the nature of information for disclosure and identify the person to whom the information is to be disclosed.

Requests for access to information contained in the "billing records" portion of the designated record set may be presented verbally or in writing. All verbal requests will be documented using a paper log to include date of request, what was requested, who took the request and name of requestor.

2. IMH must act on a request for access no later than 10 days after receipt.
3. Extenuating Circumstances:
  - a. If IMH is not able to provide access to the medical record in 10 days the Chief Privacy Officer (CPO) or designee must provide the patient with a written statement outlining

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the reasons for the delay and the date by which the request will be fulfilled (no later than 21 days after receiving the request).

- b. If it is foreseeable that the request cannot be met within 10 days, the facility Chief Compliance Officer (CCO) and Risk Manager must be informed by the CPO of the delay no later than 2 business days prior to the deadline and must act to remediate the situation.
- c. If records have been destroyed in accordance with IMH Records Retention Policies, the CPO or designee must provide the patient with a written statement advising that the request cannot be fulfilled.
- d. If the records are maintained at another facility, IMH must inform the patient of the name and address, if known, of the entity that maintains the record.

### **Providing Access**

The following steps should be followed when providing patients access to their records:

1. IMH must produce protected health information from the primary source or system as outlined in the designated record set definition.
2. IMH will provide a readable hard copy of the portions of the record requested. Individuals, except medical staff physicians, with access to electronic records systems may not access their own record in any system. Such individuals must request access through the procedures outlined in this policy and must be provided with a paper copy.
3. IMH must offer the patient a convenient time and place to inspect or obtain a copy of the record or make arrangements to mail the copy.
4. Reasonable, cost-based fees may be imposed for copying, postage, and preparing a summary or explanation as allowable and in accordance with Wyoming law.

### **Denial of Access**

1. IMH may deny access in the following circumstances:
  - a. Knowledge of the health care information would pose an imminent threat to the life or safety of the patient.
  - b. Knowledge of the health care information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was justified.
  - c. Knowledge of the health care information could reasonably be expected to pose an imminent threat to the life or safety of any individual.
  - d. The health care information is compiled and is used only for litigation, quality improvement, peer review or administrative purposes.
  - e. Access to the health care information is otherwise prohibited by law.
2. IMH must, to the extent possible, provide any other protected health information after excluding the information to which it has a ground to deny access.

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3. A timely, written denial to the patient must be provided from the CPO or designee.
4. If IMH does not maintain the information requested by the patient and IMH knows where the information is maintained, IMH should inform the patient where to direct the request.
5. The patient may request a review of a denied request for access by a health care provider of their choosing who is licensed, certified or otherwise authorized by law to treat the patient. IMH must permit the health care provider to examine and copy the record.

### **Required Documentation**

1. IMH must document and retain the following:
  - a. The designated record sets that are subject to access by individuals; and
  - b. The title of persons or offices responsible for receiving and processing requests for access by individuals.
2. All correspondence and associated documentation related to patient access, including denials, must be maintained/retained for at least four (4) years following receipt of an authorization to disclose that health care information.