



POLICY **PATIENT ACCESS TO HEALTH** **Department:** Health Information
RECORD 10.00.08

Effective Date: February 2007 **Revision Date(s):** 02/2004, 9/04, 2/07,
8/10, 5/11

Signature: _____

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.
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.

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.

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.