



Policy and Procedure: *HIPAA/HITECH Compliance* **Topic: *Access Request Processing***

HIPAA Regulation:

- Access § 164.524

Policy Purpose:

The purpose of this policy is to provide individuals with the opportunity to access and obtain copies of their health information in accordance with the HIPAA requirements.

Policy Description:

It is the policy of Saratoga Bridges that access to protected health information (PHI) must be granted to the person who is the subject of such information when such access is requested, or at the very least within the timeframes required by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and any relevant State law.

It is the policy of Saratoga Bridges to inform the person requesting access of the location of PHI if the Organization does not physically possess such PHI but has knowledge of its location.

Policy Responsibilities:

Staff person

1. Forwards all requests for access or copying of PHI to Privacy Officer.

Privacy Officer

1. During the initial contact (or within 30 days of the initial contact), informs the individual or his/her personal representative that requests must be submitted using the Request for Access to Protected Health Information Form.
2. Verifies identity of the individual or personal representative.
3. Provides the individual or his/her personal representative with a copy of the Request to Access form either in person or by mail or fax.
4. Provides assistance in completing the form, if requested.
5. Tracks the status of the request on the Request for Access Tracking Form.
6. Reviews the Request for Access to Protected Health Information Form as soon as it has been received to determine:
 - a. The exact amount and nature of information requested.
 - b. Where that information is kept.



- c. Whether the requestor requires access copies of the information, a summary of the information, or some combination.
 - d. Whether the individual requests the copy to be sent directly to another person and has identified where the copies should be sent.
 - e. The format (paper, electronic) of the requested records.
 - f. The format (paper, electronic) of the requested copies, if any.
7. Performs initial review of request to determine if the information is available for review.
 8. Directs the individual to the appropriate organization, if the information requested is not kept by the Organization, but the location is known.
 9. Reviews the access request within **30** days of receipt of the request and determines if the request will be granted or denied.
 10. Documents the granting or denial of access in the Response to Request for Access to Protected Health Information Form.
 11. Informs the requestor of the determination. Sends a copy of the Response to Request to Access to the requestor by certified (receipt) mail.
 12. If request is denied, and at the individual's request, refers denial information to Executive Director. **(See NOTE below)**

NOTE: According to federal regulations, requests for access may only be denied for the following reasons:

- The requested information is held by a clinical laboratory or other entity that is exempt from the Clinical Laboratory Improvement Amendments.
- The information is in the form of psychotherapy notes.
- The requested information was compiled in anticipation of or for use in a civil, criminal, or administrative proceeding.
- The protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- The information was disclosed to the provider on the condition that the information would never be disclosed to any other party. (If the Organization has disclosed the information to any other person, the information must be included in the clinical record.)
- A licensed health care professional has determined, in the exercise of professional judgment, that the access may endanger the individual or someone else.
- The information refers to another person (other than a licensed health care provider) and the provider has determined in professional judgment that the other person may be substantially harmed.
- A personal representative made the request and a licensed health care provider has determined in the exercise of professional judgment that the provision of access is reasonably likely to cause substantial harm to the individual or someone else.
- An organization that is a correctional institution or is functioning on their behalf may deny access to inmates.



If Access Request is Granted:

Privacy Officer

1. Ensures that the response clearly states the fees incurred for copying (if any).
2. Within **30** days of the determination to grant access, arranges for a convenient time for access. The access should be completed at the earliest time convenient to the requestor but within 30 days of the determination to grant access. (*According to the HIPAA Privacy Rule, Saratoga Bridges can obtain an additional 30 day extension.*)
3. Arranges for any copying within **30** days of notification to the requestor. (**See NOTE below.**)
4. If applicable, calculates the total amount to charge for copying. Saratoga Bridges should determine reasonable cost based fee for copies (paper or electronic media) or for preparing a summary of the requested information, if applicable. (If Saratoga Bridges determines the requestor is unable to pay the charge for processing the request, Saratoga Bridges will provide the requested access.)
5. Is present when the individual or his/her personal representative appears at the scheduled time and at all times when the requestor is reviewing any original records.
6. Files all completed Requests and Responses in Saratoga Bridges HIPAA compliance file. Does *not* file with the individual's clinical record.

NOTE: If an individual requests an electronic copy of information that is maintained in the clinical record, Saratoga Bridges must provide the individual with access to the information in the electronic form and format requested. However, if the information is not readily producible in the requested form and format, Saratoga Bridges must provide the information in a readable electronic form and format agreed to by Saratoga Bridges and the individual.

If Access Request is Denied:

Privacy Officer

1. Ensures that the requestor is granted access to all information that is not subject to the grounds for the denial.
2. Informs the requestor of findings. Sends a copy of the Response to Request Access to the requestor by certified (receipt) mail.
3. Informs the requestor of the right to obtain a further review of the denial by a health care professional appointed by the Executive Director.
4. If the requestor requests such a review, forwards all the information that is the subject of the denial to the Executive Director.



Executive Director

1. If a review of the denial is requested, arranges for a review to be conducted expeditiously, and within **30** days by a licensed health care professional who was not involved in the initial review.
2. Informs Privacy Officer of the results of the review by the licensed healthcare professional.

Privacy Officer

1. Informs the requestor of the results of the review by the licensed healthcare professional. (If access is granted, refer to "If Access Request is Granted.")
2. Files all completed Requests and Responses in Saratoga Bridges HIPAA compliance file. Does *not* file with the individual clinical record.

Appendices:

- Request for Access to Health Information Form
- Response to Request for Access to Health Information Form
- Request for Reconsideration of Denial of Access to Health Information Form
- Decision on Reconsideration of Denial of Access to Health Information Form
- Request for Second Reconsideration of Denial of Access to Health Information Form
- Request for Access Tracking Information Form



Request for Access to Health Information

Saratoga Bridges
16 Saratoga Bridges Blvd. Ballston Spa NY 12020
Privacy Officer: (Name) _____
Phone: _____

As required by the Health Information Portability and Accountability Act (HIPAA), you have a right to request the opportunity to inspect and copy health information that pertains to you. Saratoga Bridges will evaluate your request and will either grant it or explain the reason why the request will not be granted. Your right to access does not extend to information compiled in reasonable participation of, or for use in, a civil, criminal, or administrative action or proceeding, or to information we received in confidence from someone other than another health care provider.

I hereby request access to health information for:

(Print individual's name and address)

If known: Year of birth: _____

SCOPE OF ACCESS REQUESTED

I would like access to: All of the records **or**
 The portion of the records concerning:

(Specify the information or portion of records in which you are interested.)

TYPE OF ACCESS REQUESTED

- Inspection. Please let me know when I may come to inspect the records. I understand that the Privacy Officer or another employee will be present and that I may not make any marks or alter the records in any way.
- Copies. I would like copies of all records requested. Please inform me of any charges for copying records.
- I would like the information in the following form or format:

 I would like the copies sent directly to the following person:
Name: _____
Address: _____



CHARGES

Inspection. I understand that I may not inspect my records alone. I realize that **(the Privacy Officer)** will accompany me while I inspect my records and that at no time will I be permitted to be alone with my records.

Copies or Transfer. I understand that you may charge me a reasonable cost based fee for copies or the agreed upon charge for copies electronic media format. I understand that you cannot deny me either i) access to my records, or ii) copies of my records, solely because I am unable to pay your costs.

- I hereby agree to pay the charges for copying as specified above.
- Please call me to let me know the total cost that I will incur.
- I am unable to pay for the copies.

Signed: _____ **Date:** _____

Print Name: _____ **Telephone:** _____

If not signed by the individual, please indicate relationship: _____

Name of Individual: _____



Response to Request for Access to Health Information

Saratoga Bridges
16 Saratoga Bridges Blvd. Ballston Spa, NY 12020
Privacy Officer: (Name) _____
Phone: _____

Dear _____:

We received your request for access to your health information / the health information of _____.
(Individual's name and address)

- Your request is granted.**
- You may come in and inspect the records on _____
 - We will send the copies you requested within **30** days of the date of this notice.
 - The cost for copying the requested records is _____. Please arrange for payment with the Business Office. **(Phone number of contact)**
 - As you requested, the copies will be sent directly to:
Name: _____
Address: _____
- Your request is denied.**
- Saratoga Bridges does not have the records requested.
 - The information you requested is located at: _____

(Address or other contact information).
 - Saratoga Bridges does not know where the requested information is located.
 - The records requested were compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding.
 - You are not allowed by law to access these records.

Sincerely,

Print Name

Date

NOTE: If you believe your rights have been violated, you may file a complaint with Saratoga Bridges or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to our Privacy Officer at the address listed at the top of this form. You will not be penalized for filing a complaint. A complaint form is available from the Privacy Officer listed above.



**Request for Reconsideration of Denial of Access
to Health Information**

Saratoga Bridges
16 Saratoga Bridges Blvd. Ballston Spa, NY 12020
Privacy Officer: (Name) _____
Phone: _____

I understand that my request for access to the records of _____
(Name of Individual)
dated _____ was denied.

I request that this denial be reconsidered by another health care professional who did not participate in the original decision to deny my request.

Signed: _____ **Date:** _____

Print Name: _____ **Telephone:** _____

If not signed by the individual, please indicate relationship: _____

Name of Individual: _____



**Decision on Reconsideration of Denial of Access
To Health Information**

Saratoga Bridges

16 Saratoga Bridges Blvd. Ballston Spa, NY 12020

Privacy Officer: (Name) _____

Phone: _____

Dear _____:

We received your request for reconsideration of our denial of access to the health information of

(Name of Individual)

Upon reconsideration, your request:

___ is still denied.

___ is granted.

You may come in and inspect the records on _____
(date and time within ten (10) working days after receipt of request)

We will generally send the copies you requested within **30** working days of the date of this notice.

Sincerely,

Print Name

Date

NOTE: *If you believe your rights have been violated, you may file a complaint with Saratoga Bridges or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to our Privacy Officer at the address listed at the top of this form. You will not be penalized for filing a complaint. A complaint form is available from the Privacy Officer listed above.*



Request for Access Tracking Information

Saratoga Bridges

Name of Individual: _____

For Office Use Only:

Date received:	Processed by:
Review Date:	Response Date:
Individual Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Individual Follow-up:
Organization Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Organization Follow-up:
Reconsideration Request: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Reconsideration Request:
Organization Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Organization Follow-up:

Reviewer's Comments: *(Please date and sign all entries.)*

Action Taken: *(Please date and sign all entries.)*
