

TUOLUMNE ME-WUK INDIAN HEALTH CENTER

REQUEST FOR PROTECTED HEALTH INFORMATION – PATIENT OR LEGAL REPRESENTATIVE

I. PURPOSE: To provide guidance for workforce members at Tuolumne Me-Wuk Indian Health Center (TMWIHC) and to comply with California state and federal law regarding patient’s rights to review and obtain copies of their protected health information (PHI) (Applicable statutes: California Patient Access Law, Federal Privacy Act and Freedom of Information Act; HIPAA 45 CFR § 164.524).

I. SCOPE: Medical Providers, Social Services, Mental Health Providers, Other Health Providers, Nursing, Community/Outreach Services, Dental Providers, Dental Staff, Medical Assistants, Patient Records, Administration, and Reception.

III. Definitions:

“Medical Record” includes information TMWIHC uses to make health care decisions about a patient. Each patient registered at TMWIHC will have a TMWIHC medical record. If the same patient has been registered at the dental or behavioral health clinic, the patient will also have a dental and/or behavioral health record.

“Protected Health Information” or “PHI” means information that (i) is created or received by a Health Care Provider, Health Plan, employer or Health Care Clearinghouse; (ii) relates to the past, present or future physical or mental health or condition of an individual; the provision of Health Care to an individual, or the past, present or future payment for the provision of Health Care to an individual; and (iii) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual).

Patient Representative: An individual who is authorized, either by the patient or by California law, to make health care treatment decisions for the patient when the patient is unable to do so (e.g., parent, legal guardian, conservator, health care power of attorney, surrogate).

The patient medical record is the property of the group practice. The information contained in the medical record is the property of the patient.

I. POLICY: It is the policy of TMWIHC that all Protected Health Information be used and disclosed in accordance with applicable California state and federal law and in the best interests of the patient.

V. PROCEDURE:

A. The patient or legal representative is entitled to have access to the patient’s protected health information (PHI) contained in the health records maintained by the facility. All requests for records should be requested using the appropriate Release of Information (ROI) Form for processing, as all records requests must be in writing. Forms will be sent to the appropriate Medical Records team members, who will ascertain the ability to share documentation and to process the request.

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B. The patient's or a legal representative's request to review his/her records must be in writing. Any written request from the patient or the patient's legal representative is acceptable to request copies of their health records to be sent to themselves or a designated third party.

- Patient Requests: Use of the "Request for Copy of PHI" form.
- Third Party Requests: Use the "HIPAA Authorization to Use and Disclose PHI" form.
- The written request must be signed by the patient or personal representative.
- If the request is to send the patient's PHI to another person, the request must clearly identify the person who is to receive the information and where to send it.
- TMWIHC must provide patients with copies *within 15 days* of receipt of the request.

C. If there is specially protected health information (SPHI) in the record, the patient must specifically authorize the release of the protected information when going to a designated 3rd party. See "TMWIHC BH Department Keeps Client Information Confidential" procedure.

- Request for SPHI does require a HIPAA valid authorization.
- Patient must clearly specify the SPHI to be released.

D. Fees for Inspection/Copying:

1. The facility will allow patient access to their records and provide copies of the patient records sent to other health care providers free of charge.
2. Fee of \$0.25 per page to copy PHI in the chart after the first 25 pages.

And/or

3. Fees of \$16.00 per hour clerical to cover time for copying; supplies for creating the paper copy or electronic media (e.g., CD or USB drive) if the individual requests that the electronic copy be provided on portable media; postage when the individual requests that the copy be mailed; and for preparation of an explanation or summary of the PHI, if agreed to by the individual. A fee for time summarizing the record may be charged. (45 CFR 164.524(c)(4).

E. Time Frames for allowing inspection of the record.

1. Actual record: Five (5) working days after receipt of written request.
2. Summary in lieu of actual record: Ten (10) working days after receipt of written request.

F. Time Frames for Copies:

1. Actual Record: Copies will be transmitted to the patient within fifteen (15) working days from the patient's request. However, if more time is needed because the record is of extraordinary length or the patient was discharged from a licensed health care facility within ten (10) days prior to the request, the facility must notify the patient of this fact and the date the summary will be completed. In all cases, the summary must be made available, or provided to the patient within 20 days of the patient's request.