

**CCEMS**  
**ADMINISTRATIVE POLICY 300-13**  
**HIPAA POLICY ON PATIENT ACCESS, RESTRICTION AND DENIAL ON USE OF**  
**PROTECTED HEALTH INFORMATION**

**I. PURPOSE**

- 1.1 Under the HIPAA Privacy Rule, individuals have the right to access and to request amendment or restriction on use of their protected health information or PHI and restrictions on its use that is maintained in “designated record sets” or DRS. (See policy on Designated Record Sets, SOP 300-15.)
- 1.2 To ensure that CCEMS only releases the PHI that is covered under the Privacy Rule, this policy outlines procedures for requests that patient access, amendment, and restriction on the use of PHI.
- 1.3 This policy also establishes the procedure by which patients or appropriate requestors may access PHI, request amendment to PHI, and request a restriction on the use of PHI.
- 1.4 This policy will provide consistent guidelines for CCEMS staff so that they may assist a patient in amending the PHI of their patient care record in accordance with their rights under the federal privacy regulations.

**II. POLICY**

- 2.1 Only information contained in the DRS outlined in policy 300-14 is to be provided to patients who request access, amendment and restriction on the use of the PHI in accordance with the Privacy Rule and the Privacy Practices of CCEMS.
- 2.2 An individual has the right to amend his/her patient care records, as long as their PHI is maintained by CCEMS, except in the following circumstances:
  - 2.2.1 The originator of the records is no longer available;
  - 2.2.2 The information the patient is requesting to amend was not created by CCEMS;
  - 2.2.3 The information is not part of the patient care record
  - 2.2.4 The information is accurate and complete;
  - 2.2.5 The information would not be available for inspection as provided by law, and therefore, CCEMS is not required to consider an amendment. This exception applies to information compiled in anticipation of a legal proceeding;
  - 2.2.6 Information received from someone else under a promise of confidentiality.

### III. PROCEDURE

#### 3.1 Patient Access:

- 3.1.1 Upon presentation to the business office, or written request, the patient or appropriate representative will complete a Request for Access Form (Attachment A).
- 3.1.2 The Administrative Assistant, Assistant Director or Director must verify the patient's identity, and if the requestor is not the patient, the name of the individual and reason that the request is being made by this individual. The use of a driver's license, social security card, or other form of government issued identification is acceptable for this purpose. In the instance of a written request, the Medical Records Clerk will forward a Request for Access Form (attachment A) to the requestor along with a request for a photocopy of government issued identification as outlined above. A request by a patient's legal representative must contain a release or authorization from the patient or legal proof that the requestor is authorized to act on the patient's behalf.
- 3.1.3 The completed form and any attachments will be presented to the Director for action.
- 3.1.4 The Director will act upon the request within thirty (30) days, preferably sooner. Generally, CCEMS will respond to requests for access to PHI within thirty (30) days of receipt of the access request, unless the designated record set is not maintained on site, in which case the response period may be extended to sixty (60) days.
- 3.1.5 If CCEMS is unable to respond to the request within these time frames, the requestor must be given a written notice no later than the initial due date for a response, explaining why CCEMS could not respond within the time frame and in that case CCEMS may extend the response time by an additional thirty (30) days.
- 3.1.6 Upon approval of access, the patient will have the right to access the PHI contained in the DRS outlined in policy 300-15 and may make a copy of the PHI contained in the DRS upon verbal or written request.
- 3.1.7 The business office will establish a reasonable charge, pursuant to the permitted charges under the Ohio Revised Code for copying PHI for the patient or appropriate representative.
- 3.1.8 Patient access may be denied for the reasons listed below, and in some cases the denial of access may be appealed to the Company for review. The Risk Manager will notify the requestor using "Denial of Request for Access to PHI" (Attachment B).
- 3.1.9 The following are reasons to deny access to PHI that are not subject to review and are final and may not be appealed by the patient:
  - 3.1.9.1 If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding;
  - 3.1.9.2 If the information the patient requested 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.

- 3.1.10 The following reasons to deny access to PHI are subject to review and the patient may appeal the denial:
  - 3.1.10.1 If a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
  - 3.1.10.2 If the protected health information makes reference to another person, other than a health care provider, and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
  - 3.1.10.3 If the request for access is made by a requestor as a personal representative of the individual about whom the requestor is requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by the requestor is reasonably likely to cause harm to the individual or another person.
- 3.1.11 If the denial of the request for access to PHI is for any of the reasons listed in 3.10, then the patient may request a review of the denial of access by sending a written request to the Director.
- 3.1.12 CCEMS will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. CCEMS will promptly refer the request to this designated review official. The review official will determine within thirty (30) days whether the denial is appropriate. The company will provide the patient with written notice of the determination of the designated reviewing official.
- 3.1.13 The patient may also file a complaint in accordance with the "Procedure for Filing Complaints About Privacy Practices" (attachment C) if the patient is not satisfied with the company's determination.
- 3.1.14 Access to the actual files or computers that contain the DRS that may be accessed by the patient or requestor will not be permitted. Rather, copies of the records should be provided for the patient or requestor to view in a confidential area under the direct supervision of the Administrative Assistant, Assistant Director or Director. **UNDER NO CIRCUMSTANCES WILL ORIGINALS OF PHI LEAVE THE PREMISES.**
- 3.1.15 If the patient or requestor would like to retain copies of the DRS provided, then CCEMS will charge a reasonable fee for the cost of reproduction.
- 3.1.16 Whenever a patient or requestor accesses a DRS, a notation will be made in an electronic log book indicating the time and date of the request, the date access was provided, what specific records were provided for review, and what copies were left with the patient or requestor.
- 3.1.17 Following a request for access to PHI, a patient or requestor may request an amendment to his or her PHI, and request restriction on its use in some circumstances.

- 3.2 Requests for Amendment to PHI
  - 3.2.1 The patient or appropriate requestor may only request amendment to PHI contained in the DRS. The Request for Amendment of PHI Form (attachment D) must be accompanied with any request for amendment.
  - 3.2.2 CCEMS will act upon a Request for Amendment within sixty (60) days of the request. If CCEMS is unable to act upon the request within sixty (60) days, it will provide the requestor with a written statement of the reasons for the delay, and in that case may extend the time period in which to comply by and additional thirty (30) days.
- 3.3 Granting Request for Amendment
  - 3.3.1 All requests for amendment must be forwarded immediately to the Director for review.
  - 3.3.2 If the Director grants the request for amendment using the Acceptance of Request for Amendment of PHI form (attachment E), then the requestor will receive the letter indicating that the appropriate amendment to the PHI or record that was the subject of the request has been made.
  - 3.3.3 There must be written permission provided by the patient so that CCEMS may notify the persons with which the amendments need to be shared. CCEMS must provide the amended information to those individuals identified by having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.
  - 3.3.4 The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving CCEMS permission to provide them with the updated PHI.
  - 3.3.5 CCEMS will add the request for amendment, the denial or granting of the request, as well as any statement of disagreement by the patient and may
- 3.4 Denial of Requests for Amendment
  - 3.4.1 CCEMS may deny a request to amend PHI for the following reasons: 1) If CCEMS did not create the PHI at issue; 2) If the information is not part of the DRS; or 3) If the information is accurate and complete.
  - 3.4.2 CCEMS will provide a written denial via the Denial of Request for Amendment to PHI form, (attachment G), and the denial will be written in plain language and include the following: state the reason for the denial; the individual's right to submit a statement disagreeing with the denial and how the individual may file such a statement; a statement that if the individual does not submit a statement of disagreement, the individual may request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or to the Secretary of Health and Human Services.
  - 3.4.4 If the individual submits a statement of disagreement, CCEMS may prepare a written rebuttal statement to the patient's statement of disagreement. The

statement of disagreement will be appended to the PHI, or at CCEMS' option, a summary of the disagreement will be appended, along with the rebuttal statement of CCEMS.

3.5 Requests for Restriction

- 3.5.1 The patient may request a restriction on the use and disclosure of their PHI.
- 3.5.2 CCEMS is not required to agree to any restriction, and given the emergent nature of our operation, we generally will not agree to a restriction.
- 3.5.3 ALL REQUESTS FOR RESTRICTION ON USE AND DISCLOSURE OF PHI MUST BE SUBMITTED IN WRITING ON THE PATIENT REQUEST FOR RESTRICTION FORM (ATTACHMENT H). ALL REQUESTS WILL BE REVIEWED AND DENIED OR APPROVED BY THE DIRECTOR.
- 3.5.4 If CCEMS agrees to a restriction, we may not use or disclose PHI in violation of the agreed upon restriction, except that if the individual who requested the restriction is in need of emergency service, and the restricted PHI is needed to provide the emergency service, CCEMS may use the restricted PHI or may disclose such PHI to another health care provider to provide treatment to the individual.
- 3.5.5 The agreement to restrict PHI will be documented to ensure that the restriction is followed.
- 3.5.6 A restriction may be terminated if the individual agrees to or requests the termination. Oral agreements to terminate restrictions must be documented. A current restriction may also be terminated by CCEMS as long as CCEMS notifies the patient that PHI created or received after the restriction is removed is no longer restricted. PHI that was restricted prior to CCEMS voiding the restriction must continue to be treated as restricted PHI.

Director: \_\_\_\_\_

Effective: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_