Title: Patient Right to Access, Inspect and Copy

Type: Privacy

Number: RENOWN.CCD.735

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Scope:
Accountable Care Organization; Administrative & Business Offices; Ambulatory; Behavioral Health; Breast Health Center; Center for Advanced Medicine B; Center for Advanced Medicine C; foundation; Healthcare Center; Home Health; Hometown Health; Hospice; Hyperbaric; Laboratory; Medical Group; Monaco Ridge; Pregnancy Center; Regional Medical Center; Rehabilitation Hospital; Skilled Nursing; South Meadows Medical Center; Surgical Arts; Therapies; Urgent Care; Wound Care; X-ray & Imaging

Policy Statement:
An individual has a right of access to inspect and obtain a copy of protected health information about the individual in a designated record set, for as long as the protected health information is maintained in the designated record set, except for:
(i) Psychotherapy notes; and
(ii) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

This policy does not apply to patient requests to view clinical records during treatment. Those requests are handled through the clinicians involved with the patient’s care at that time and access is provided within the treatment relationship. Once information becomes part of Renown’s designated record set, this policy to provide access applies.

Definition of Terms:
1. Designated Record Set – A designated record set is a group of records which a covered entity uses to make decisions about individuals, and includes health care provider’s medical records, billing records, health plan’s enrollment, payment, claims adjudication, and case or medical management record systems. Research records or results maintained in a designated record set are accessible to research participants unless one of the Privacy Rule’s permitted exceptions apply.

2. Protected Health Information (PHI) – For the purpose of this policy, is defined as any...
individually identifiable health information collected or stored by a facility. Individually identifiable health information includes demographic information and any information that relates to past, present or future physical or mental condition of an individual and billing records. PHI does not include education records covered by the Family Educational Rights and Privacy Act (FERPA); Employment records by a Covered Entity in its role as an employer; and regarding a person who has been deceased more than 50 years.

3. Psychotherapy Notes – Are defined as those notes recorded (in any medium) by a healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. This information, often referred to as progress notes, becomes part of the individual’s medical record.

4. Workforce Member– Employees, volunteers, trainees, medical staff, residents and other persons whose conduct, in the performance of work for Renown Health, is under the direct control of Renown, whether or not they are paid by Renown.

Procedure:

1. Upon receipt of a written request from the patient or authorized individual, Renown Health must permit the individual to request access and inspect their protected health information within ten (10) working days if the records are within the State and thirty (30) days if the records are out of State.

2. Patients also have a right to request a copy of this information as contained in the designated record set.
   a. Except as outlined below, access must be provided no later than thirty (30) business days after receipt of the request if records are maintained on site.
   b. If the necessary records are maintained off site, access must be provided no later than sixty (60) days after receipt of the request.

3. If it is not possible to provide access to the record within the above time periods, Health Information Management (HIM) or designee must provide the patient with a written statement outlining the reasons for the delay and the date by which the request will be fulfilled.

4. If the request still cannot be fulfilled within sixty (60) days, HIM must notify the Compliance and Privacy Officer of the delay no later than five (5) business days prior to the deadline. These individuals must then take steps to ensure access is granted.
5. If records have been destroyed in accordance with Renown Health’s Record Retention Program, HIM must provide the patient with a written statement advising that the request cannot be fulfilled.

6. Renown Health must produce protected health information from the primary source or system as outlined in the designated record definition.

7. Workforce Members who wish to access to their electronic medical records shall contact the HIM department for approved access.

8. Workforce Members are prohibited from electronically accessing medical records for themselves, their spouse and/or children (including minor children).
   a. Workforce Members must request access to records of these through the same procedures that apply to all patients.
   b. Only if they have a right to access this information under HIPAA and Nevada law will they be provided with a copy of their minor children’s records.
   c. Access to a spouse’s medical records is only to be granted pursuant to a HIPAA compliant authorization from the spouse.

9. Renown Health will make every effort to provide access at a time and location convenient to the patient, including providing a copy or making arrangements to mail the copy.

10. Reasonable, cost-based fees may be imposed for labor for copying the PHI whether in paper or electronic form, supplies for creating the paper or electronic copy, postage (if the individual has agreed to mail the records) or preparing explanations in accordance with the patients’ request.

11. Renown Health may deny a patient’s request for access to their protected health information. Such denials are non-reviewable if:
   a. Such action is taken at the direction of a correctional institution and the information, if released, could reasonably be expected to jeopardize the health, safety, security, custody or rehabilitation of the individual, any correctional officer or employee or another inmate.
   b. The information is the subject of research to which the patient has agreed to participate and has agreed to the denial of access as part of the agreement to participate.
   c. If the information requested is not maintained in Renown Health’s records. In such cases, if the location of the information is known, the individual should be informed where they may direct their request for access.
   d. The information is exempt from right to access as outlined under the Policy above.

12. Renown Health may deny patients’ request for access to their protected health information, unless:
a. A licensed health care professional exercising professional judgment, determines that such access is likely to endanger the life of physical safety of the individual or another person.

b. The protected health information refers to another person who is not a health care provider and a licensed healthcare care professional exercising professional judgment determines that such access could result in harm to such individual.

c. The request comes from the patient’s personal representative and a licensed healthcare professional exercising professional judgment determines that providing access to the personal representative could reasonably be expected to cause substantial harm to the patient or another individual.

13. To the extent possible, Renown Health will provide any other protected health information after removal of any information for which it has appropriate grounds for denial of access.

14. In the event of a denial, whether reviewable or non-reviewable, the Compliance and Privacy Officer must provide a timely written explanation to the patient.

15. If a denial for access is issued in accordance with 12a-c above, the individual has a right to request a review. Such review will be referred to a licensed health care professional designated to act as a reviewing official. This individual may not have participated in the original decision to deny access. Within a reasonable period of time, the reviewing official must determine whether access should be granted or whether the denial should stand. The patient will be provided a written notification of the outcome of the review process.

16. All correspondence and associated documentation related to patient access, including denials, must be maintained for a period of six (6) years.

17. Each workforce member with treatment, payment or health care related responsibilities is responsible for compliance with these policies and principles.

18. The Chief Compliance and Privacy Officer has the responsibility of facilitating compliance with these procedures as required by 45 CFR §164.524(e).

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