

POLICY INFORMATION

Policy Title: Patient's Right to Access Their Protected Health Information Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To afford patients the right to access medical and health information about themselves that is contained in the Designated Record Set.

DEFINITIONS

See HIPAA Glossary

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs; and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at

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Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

It is the policy of Nuvance Health and its affiliates (“Nuvance”) to provide patients, unless excepted by law, with the right to access, inspect, and obtain a copy of their protected health information (“PHI”) contained in their Designated Record Set, in a timely manner, for as long as Nuvance maintains such information in a Designated Record Set. With limited exceptions, the HIPAA Privacy Rule gives individuals the right to access, upon request, the medical and health information about them in one or more Designated Record Sets that are maintained by or for the individuals’ health care providers.

PROCEDURE

Nuvance has in place a process for patients to request to access their PHI. The request is promptly reviewed, and a determination made that is in accordance with laws and regulations.

A. PERMITTED USES AND DISCLOSURES TO AN INDIVIDUAL

Nuvance is required to disclose PHI to the individual only pursuant to a request subject to 45 C.F.R. §§ 164.524 or 164.528. Any other disclosure to the individual is permissible.

B. REQUESTING MEDICAL RECORDS DURING INPATIENT STAY

Inpatients or their personal representatives (See Personal Representatives policy) may request access to the patient’s medical records by speaking with a member of the health care team. The clinician will assist the patient in completing an “Authorization for Access/Release of Information” form and will inform the patient’s attending physician of the request. The attending physician or his or her designee shall allow the patient or the patient’s personal representative to review the patient’s medical records in the presence of the attending physician or his or her designee. Documentation of actions taken should be noted on the bottom of the “Authorization for Access/Release of Information” form or logged in the appropriate electronic system, and a copy of the form filed in the patient’s medical record.

C. REQUESTS FOR ACCESS AND TIMELY ACTION

1. A patient may request access to or request a copy of their PHI as contained in the designated record set. Requests for access to information contained in the “medical records” portion of the Designated Record Set must be presented in writing using the “Authorization for Access/Release of Information” form. Requests for access to information contained in the “billing records” portion of the designated record set may be presented verbally or in writing. All verbal requests will be documented using on-line notations or a paper log to include date of request, what was requested, who took the request and name of requestor.
2. Nuvance must act on a HIPAA compliant request for access no later than thirty (30) days after receipt of the request. Nuvance entities should work with their HIM department relative to electronic health record requests.
3. Documentation of actions taken should be noted on the bottom of the “Authorization for Access/Release of Information” form or logged in the appropriate electronic system, and a copy of the form filed in the patient’s medical record.

D. PROVIDING ACCESS

Nuvance Covered Individuals shall take the following steps when providing patients access to their records:

1. The entity must produce PHI from the primary source or system as outlined in the designated record set definition.
2. The entity will provide the individual with access to the PHI in the designated record set in the form and format requested by the individual, if it is readily producible in such form and format; or, if not, in a readable hard copy form or such other form and format as agreed to by Nuvance and the individual. If the PHI that is the subject of a request for access is maintained in one or more designated record sets electronically and if the individual requests an electronic copy of such information, the entity must provide the individual with access to the PHI in the electronic form and format requested by the individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to by the entity and the individual. If an individual's request for access directs the facility to transmit the copy of PHI directly to another person designated by the individual, the entity must provide the copy to the person designated by the individual. The individual's request must be in writing, signed by the individual, and clearly identify the designated person and where to send the copy of PHI.
3. Individuals, except medical staff physicians, with access to electronic records systems may not access their own record in any system. Such individuals must request access through the procedures outlined in this policy.
4. A summary format may be provided if the patient agrees to the format and the associated fees.
5. Nuvance must offer the patient a convenient time and place to inspect or obtain a copy of the record or make arrangements to mail the copy.
6. Reasonable, cost-based fees may be imposed only for the actual copying (whether on paper or to electronic media), postage, preparing a summary or explanation as allowable and in accordance with state law, and the cost of supplies for creating the paper copy or electronic media (i.e., physical media such as a compact disc (CD) or universal serial bus (USB) flash drive), if the individual requests that the electronic copy be provided on portable media. Retrieval fees may never be imposed.
7. If a request for access to the medical record is made and the person was not a patient of the Nuvance Entity, return a copy of the request or "Authorization for Access/Release of Information" form to the individual along with a cover letter indicating the entity has no such records. If the entity knows where the requested information is maintained (such as at a specific entity or physician's office), check the appropriate box on the cover letter and provide the name and address of the location where the records are maintained. Documentation of actions taken should be noted on the bottom of the "Authorization for Access/Release of Information" form or logged in the appropriate electronic system, and a copy placed in the patient's medical record.

E. DENYING A REQUEST FOR ACCESS TO A MEDICAL RECORD

1. If a licensed health care professional has determined that the provision of access may endanger the life or health of the patient or another person or would violate an assurance of confidentiality or otherwise cause serious harm, the HIM Department or physician will consult Risk Management/Legal Counsel for guidance concerning the requested access.
2. If Risk Management/Legal Counsel determine that the access requested will be denied, in whole or in part, the patient will be informed in writing of the denial using the access denial template letter. The letter provides information about how to request a review by a licensed healthcare professional who was not a party to the first review or file a complaint with the Nuvance entity or Health and Human Services ("HHS"). Documentation of actions taken should be noted on the bottom of the "Authorization for Access/Release of Information" form or logged in the

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appropriate electronic system. A copy of the “Authorization for Access/Release of Information” form and other documentation received from the patient will be filed in the patient’s medical record.

F. REQUESTING BILLING RECORDS

1. Patients or their personal representatives may request copies of bills or detailed bills from Nuvance entity over the phone. The Billing Department covered individual will use the following patient identifiers to verify a caller’s identity:
 - Patient’s name
 - Patient’s address
 - Patients’ date of birth
 - Patient’s Social Security Number
2. The request and actions taken shall be documented in the Nuvance entity’s electronic billing system.
3. Patient requests for a copy of the billing record will be sent to the address the Nuvance treating entity has on file without requiring written Authorization. If a patient requests a copy of his or her billing record be sent to an address other than the one listed on file at the treating entity, an “Authorization for Access/Release of Information” form must be completed and returned to the Billing Department.
4. If a request for access to the billing record is made and the person was not a patient of the Nuvance treating entity, return a copy of the “Authorization for Access/Release of Information” form along with a cover letter indicating the entity has no such records. If the entity knows where requested information is maintained (such as at a specific entity or physician’s office), check the appropriate box on the cover letter and provide the name and address of the location where the records are maintained. Documentation of actions taken should be noted on the bottom of the “Authorization for Access/Release of Information” form or logged in the appropriate electronic system and a copy placed in the patient’s medical record.
5. The patient will not be denied access to his or her billing records unless Risk Management/Legal Counsel has determined that the access should be denied. If Risk Management/Legal Counsel determines that the access requested will be denied, in whole or in part, the patient will be informed in writing of the denial using the access denial template letter. The letter will provide information about how to file a complaint with the Nuvance entity or HHS. Documentation of actions taken should be noted on the bottom of the “Authorization for Access/Release of Information” form or logged in the appropriate electronic system. A copy of the “Authorization for Access/Release of Information” form and other documentation received from the patient will be filed in the patient’s billing record.

G. EXCEPTIONS

1. Psychotherapy notes; and
2. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this policy.

REFERENCES

45 CFR, Section 164.524

APPROVAL

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Jared B Gaynor

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Signature

2/28/2024

Date