



HIPAA Privacy Procedure #2

Effective Date: April 14, 2003
Reviewed Date: February, 2011
Revised Date:
Scope: Radiation Oncology

Access by Individuals to Protected Health Information

Policy Expectation:

An Individual has the right to request access to his or her own Protected Health Information (PHI). Washington University (WU) has adopted a policy to respond to such a request for access in a consistent fashion throughout WU.

Why is this important?

WU must provide access to PHI in accordance with the Individual’s rights as defined by federal regulations and the WU Notice of Privacy Practices (Notice).

This procedure applies to the Designated Record Set: medical records and billing records that are used to make decisions about individuals and are maintained by or for Radiation Oncology.

This procedure does not apply in circumstances in which Radiation Oncology wishes to secure an Authorization for the Use or Disclosure of PHI for its own purposes such as research, marketing, fundraising and similar situations.

Failure to comply may result in being liable for civil and criminal penalties under the HIPAA regulations.

What do you need:

1. HIPAA Privacy Policy #2 Access by Individuals to Protected Health Information
2. Cost Sheet for making records available to Individuals.
3. HIPAA Glossary of Terms
4. RO Privacy Liaison shall maintain the list of record custodians for Radiation Oncology

IMPORTANT NOTE ON HOW TO USE THIS PROCEDURE:

The requesting party may register the request for access to PHI at any one of the Business Units holding his/her PHI or may contact the WU or BJH Privacy Office for assistance in coordinating the request with single or multiple Business Units.

Radiation Oncology medical records are owned by Barnes-Jewish Hospital. If the request involves clinical information in a medical record you should forward to the appropriate BJH HIPAA Privacy Person and follow their protocols.

Requests may be received for the Designated Record Set, which includes clinical information from the medical record and billing records. Requests for billing records should always be sent to both the BJH HIPAA Privacy Person and to WU-RO Privacy Liaison.

The steps below are for WU-RO billing records only.

Steps:	Additional Information
<p>1. Request by the Individual or the Individual’s representative:</p> <p>If the request is made in person, introduce the requesting party to Exhibit A and provide assistance in completion of the form.</p> <p>If the request is made by phone: Mail Exhibit A to the Individual or representative for completion along with instructions on completion by Individual/representative.</p>	<p>Refer to the Joint or Summary Notice of Privacy Practice regarding directing the requesting party to WU or BJH or SLCH for PHI held.</p> <p>Include an explanation of all costs using the Cost Sheet.</p> <p>This interaction could occur in Radiation Oncology or WU Privacy Office level.</p> <p>Include a self-addressed return envelope.</p>
<p>2. Verify Identity of Individual:</p> <p>If the Individual is requesting access to his/her own PHI, verify the identity of the Individual either personally, by photo ID or by signature. Note the method of identification on the Exhibit A.</p>	

<p>3. Verify Identity of Requesting Party other than Individual:</p> <p>If the person making the request is not the Individual, verify the requesting person’s identity by attaching both of the following items to Exhibit A:</p> <ul style="list-style-type: none"> • copy of photo identification of the requesting party; and • original copy of a completed Exhibit A (or a letter from the Individual) signed by the Individual providing permission for the representative to access the requested PHI. 	
<p>4. Calculate payment and request payment:</p> <ul style="list-style-type: none"> • Use cost sheet to calculate payment • As a general rule, request payment in advance of the release of copies of the PHI. 	<p>In no event should delay in the release of the PHI inhibit treatment.</p>
<p>5. Distribute Completed Exhibit A:</p> <p>When Exhibit A is complete, all necessary documentation is attached and the access requested is ONLY for a single holder of PHI, forward Exhibit A to the Radiation Oncology Privacy Liaison.</p> <p>The Radiation Oncology Privacy Liaison will log the event and forward Exhibit A to WU-Physician Billing Service for completion of the transaction.</p> <p>When the requested access is for multiple Business Units, University Privacy Office forwards Exhibit A to all relevant records custodians.</p>	<p>Refer any questions to the RO Privacy Liaison and/or the attending physician of the Individual.</p> <p>Each Business Unit and/or the WU Privacy Office shall record and track all events in such a manner to show compliance with this procedure in a timely manner.</p> <p>WU-Physician Billing Service, Campus Box 8239.</p>
<p>6. Appeal of Denial of Request to Access PHI:</p> <p>Direct any appeal related to a denied request for access to PHI to the WU Privacy Office for a coordinated resolution.</p>	<p>WU Privacy Office will coordinate the final outcome of the appeal to fulfill the objective of this Procedure providing a consistent process.</p>

<p>7. Provide Approved Response to Request to Access PHI:</p> <p>For requests related to multiple Business Units, WU Privacy Office coordinates the sending of the aggregate PHI request to the Individual or requesting party.</p>	<p>Access is restricted to PHI in the Designated Record Set.</p>
<p>8. Document Transaction:</p> <p>The Radiation Oncology Privacy Liaison will log the event and forward to BJH-RO Medical Records a copy of all forms received or sent to the requesting party for filing in the Individual's medical record.</p>	

EXHIBIT A

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION BY INDIVIDUALS

Date of Request: _____

Individual (Patient) Name: _____

Date of Birth: _____ SSN: _____

Address: _____

Telephone Number: (H) (____) _____ (W) (____) _____

Medical Record No.: _____

If you are requesting a copy of your record(s) (or any part thereof), would you like your record(s) to be mailed to you at the above address: ___Yes ___No

 Clinical Records:

Physicians providing care:

Date(s) of service:

 Billing Records:

Physicians providing care:

Date(s) of service:

Signature of Individual or Personal Representative

Date

Relationship if Other than Individual: _____

Method of Identity Verification: (completed by WU)

For Individual:

Individual known to WU Picture ID of Individual

Match of Individual Signature with WU documents

For Requesting Party other than Individual: (Both Required)

Picture ID of Requesting Party

Letter of authorization from Individual

Signature of WU Staff Verifying Identity: _____

Processing Your Requested Information:

Washington University may charge a fee for the copying of requested Protected Health Information (PHI). This fee will be based on the cost of the labor and supplies involved in copying the requested PHI, the postage for mailing the copies to you, and a retrieval fee to obtain the requested PHI. In addition, if you request a summary of the requested PHI in lieu of or in addition to the copies, Washington University may charge you a reasonable cost for the preparation of a summary. Washington University will, however, inform you of the cost of preparing a summary in advance of its

preparation. If you do not want the requested records mailed, you may pickup your records after thirty (30) days, unless Washington University has notified you that an extension of time is required.

Washington University will respond to your request for PHI within 30 days of our receipt of your request. If, however, your health information is not readily accessible by Washington University or is maintained in an off-site storage location, Washington University has 60 days to respond to your request. If it requires additional time to respond to your request, Washington University will contact you to inform you of this extension of time.

We appreciate your patience while we process your request.

Name of Person Processing Request
Title
E-mail address
U.S. Mail address
Phone Number

Washington University Use Only:

Date Received: _____

Date Access Granted: _____

Date Access Denied: _____ (Must Complete Denial of Access Form)

EXHIBIT B

DENIAL OF REQUEST FOR ACCESS TO HEALTH INFORMATION

BY US MAIL

[Date]

[Individual]

[Address]

Re: Request for Access to Protected Health Information dated _____

Dear [Individual]:

In response to your recent request for access to certain health information, we are advising you within [30 days for On-Site Storage or 60 days for Off-Site Storage, unless a 30 days extension had already been obtained] of our denial of your request. We will, to the extent possible, provide you with any requested information that is not otherwise excluded consistent with federal regulations.

We are denying your request for access for the following reason(s):

- Radiation Oncology does not maintain the requested information.
- Requested information is located: _____
- Location of requested information is unknown.

Reason for Denial: **Denial may not be appealed.**

- The requested information is not a part of the Designated Record Set and is not available for access;
- The requested information is prohibited from disclosure under federal laboratory regulations;
- The information is being requested by an Inmate and access to such information would jeopardize the health or safety of the inmate or others;
- The requested information is part of a research study that required the participating patient's consent to non-disclosure until after the conclusion of such research;
- The requested information is contained in records subject to the Privacy Act;

- The requested information contains confidential sources from non-Health Care Providers; or

Reason for Denial: **Denial may be appealed.**

- The requested information is reasonably likely to endanger the life or safety of the patient or another;
 - The requested information contains references to other person(s) (non-health-care providers) and access to such information may cause substantial harm to such person(s); or
 - The request is made by the Individual's personal representative and access to the information by the personal representative is reasonably likely to cause substantial harm to the Individual or another person.

If we have indicated that a reason for the denial of your request for access is subject to an appeal, you may have the decision to deny access reviewed by returning this Notice to Washington University, stating your request for such an appeal. Washington University will forward your request to a licensed health care professional who will review the circumstances of the denial of your request for access. Washington University will abide by the conclusions made by the designated health care professional and will promptly provide you with written notice of his or her determinations and take the appropriate action, if any, indicated by those results.

You may contact either the Privacy Officer at Washington University or the Secretary of Health and Human Services with any concerns that you may have regarding access to your records. The WU Privacy Officer may be reached at telephone number () _____.

Sincerely,

Name

Title

E-mail address

U.S. Mail Address

Phone Number

APPENDIX C

In general, a Designated Record Set should contain the following information from the medical and billing records, if any:

Medical Record:

- i) Face Sheet (Admission Information, Registration, Insurance)
- ii) Physician Orders
- iii) Vital Sign Work Sheet
- iv) Admission, Progress and Discharge Notes
- v) History and Physical
- vi) Nurses Notes and Other Ancillary Provider Notes
- vii) Radiology Reports
- viii) Pathology, Laboratory and other Ancillary Reports
- ix) Operative Reports
- x) Discharge Summary
- xi) Consultation Reports or Notes
- xii) Treatment Record such as problem lists, medication lists, plan of care

Billing Record:

- xiii) Patient Name, Address
- xiv) Plan (Insurer) Name, Patient ID Number
- xv) Provider Name, Address, Tax ID
- xvi) Ordering/Referring Physician Name
- xvii) Charge, Allowable, Paid by Plan, Paid by Patient, Paid by Other Source
- xviii) Contract Amount/Write Off/Disallowed/Denied Amount
- xix) Diagnosis Codes
- xx) Procedure Codes and Modifiers
- xxi) Units of Service
- xxii) Dates of Service

Individuals may NOT access PHI maintained outside the Designated Record Set and the following types of PHI:

- Information compiled in reasonable anticipation of civil, criminal, or administrative action or other proceeding
- PHI created or obtained by a Health Care Provider in the course of Research that includes treatment where the Individual consented to the denial of access when he or she consented to participate in the research and WU informed the Individual that access would be restored upon completion of the research