



# Patient's Right to Access and Obtain a Copy of their Protected Health Information Policy

Policy #:	HP010.1
Policy Type:	University
Responsible Executive:	VP for Academic Affairs
Responsible Office:	Academic Affairs
Originally Issued:	November 8, 2023
Latest Revision:	November 8, 2023
Effective Date:	November 8, 2023

## I. Policy Statement

ULM's Patient's Right to Access and Obtain a Copy of their Protected Health Information Policy states that all ULM health care facilities and providers must provide patients with a right of access to inspect and obtain a copy of their Protected Health Information except as otherwise statutorily excluded.

## II. Purpose of Policy

To provide guidance to the health care facilities and providers affiliated with ULM on a patient's right to request access to and to receive a copy of their Protected Health Information as required by the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), and any other applicable state or federal laws or regulations.

## III. Applicability

This policy is applicable to all faculty and staff.

## IV. Definitions

Protected Health Information (also referred to as PHI) – for purposes of this policy means individually identifiable health information, that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of a patient.

Psychotherapy Notes – means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes do not include: 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.

Designated Record Set – means a group of records maintained by or for ULM that is:

- The medical records and billing records about individuals maintained by or for ULM; or
- Any records used, in whole or part, by or for ULM to make decisions about individuals.
- Any record that meets this definition of Designated Record Set and which is held by a HIPAA Business Associate of ULM or part of ULM's Designated Record Set.
- The term record means any item, collection, or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for ULM.

- The term record also includes patient information originated by another health care provider and used by ULM to make decisions about a patient.
- The term record includes tracings, photographs, and videotapes, digital and other images that may be recorded to document care of the patient.

## V. Policy Procedure

1.0 Responsible Person. The Privacy Officer shall be responsible for receiving and processing requests for access by individuals to inspect and obtain a copy of their Protected Health Information in a Designated Record Set of ULM.

2.0 Written Request for Access. ULM may require patients to submit a signed written request for access to inspect and copy their PHI, provided that the patient is informed in advance of this requirement.

3.0 Deciding Whether to Grant a Patient Access to Their PHI. ULM must first decide whether to grant a patient access to inspect and obtain a copy of their PHI in a Designated Record Set within 15 days of receipt of the request.

3.1 If ULM grants the request in whole or in part, it must notify the requestor and arrange for access to the information in the form and format requested if readily producible in such form or format or if not, in a readable hard copy form or other mutually agreeable format.

3.2 If the request is denied in whole or in part, ULM must notify the requestor of this in writing and the basis for such denial along with procedures for appealing the decision that includes the name or title and telephone number of the appropriate review official or office.

3.3 A patient does not have a right of access to inspect and copy the following types of PHI:

- Psychotherapy notes;
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
- Protected Health Information maintained by ULM that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 263a, to the extent the provision of access would be prohibited by law; or
- Exempt from the Clinical Laboratory Improvements Amendments of 1988, 42 C.F.R. §493.3(a)(2).

4.0 Unreviewable Grounds for Denial of Access. In certain circumstances, ULM may deny a patient access without providing the individual an opportunity for review of the decision to deny access. These consist of:

4.1 During the course of a patient's participation in a research program, ULM may deny access provided that the patient agreed to the denial when consenting to participation in the research program which includes treatment and the Facility or Clinic has informed the individual that the right of access will be reinstated upon the completion of the research.

4.2 If the patient's PHI was obtained from someone other than a health care provider under a promise of confidentiality, then the access requested would be reasonably likely to reveal the source of the information; or

4.3 If the records are subject to the Privacy Act, 5 U.S.C. A. § 552a, the denial of access under the Privacy Act would be permissible if it meets the requirements of law.

5.0 Reviewable Grounds for Denial. ULM may deny a patient's request for access to his PHI incident to the circumstances described below, provided that the patient is given a right to have such denials reviewed in accordance with section 6.0 below:

5.1 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;

5.2 The PHI makes reference to another person (unless the other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or

5.3 The request for access is made by the patient's personal representative and licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

6.0 If a request for access to a patient's PHI is denied, then ULM must comply with either the "Unreviewable Grounds for Denial of Access" described in section 4.0 above or "Reviewable Grounds for Denial of Access" described in section 6.1 below, and any other sections concerning a denial decision that are applicable.

6.1 Review of a Denial of Access. If access is denied on a reviewable ground described in this policy, the patient has the right to have the denial reviewed by a licensed health care professional designated by ULM to act as a reviewing officer and who did not participate in the original decision to deny. This designated reviewing officer must determine, within a reasonable period of time, whether or not to deny the access requested in accordance with the standards in the "Reviewable Grounds for Denial" section of this policy. ULM must promptly provide written notice to the individual of the determination of the designated reviewing official and take other action, as necessary, to carry out the designated reviewing official's determination, including the name, title, and telephone number or address of the contact person

7.0 If ULM does not maintain the PHI that is the subject of the request, and ULM knows where the requested information is maintained, ULM must inform the individual where to direct the request for access.

8.0 Provision of Access if Granted. If ULM provides a patient access, in whole or in part;

8.1 ULM must within 30 days comply with the following requirements:

8.1.1 Provide the patient access, including inspection and copying, or both, of their PHI. If the same PHI is contained in more than one place, the PHI need only be provided once.

8.1.2 The access must be in the form or format requested by the patient, if it is readily producible, if not, in a readable hard copy form or such other form or format as agreed to by ULM and the patient.

8.1.3 If the protected health information that is the subject of a request for access is maintained electronically and if the individual requests an electronic copy of such information, ULM must provide the individual with access to the protected health information 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 ULM and the individual.

8.1.4 ULM may provide the patient with a summary of the PHI, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided if:

8.1.4.1 If the patient agrees in advance to a summary or explanation; and

8.1.4.2 The patient agrees in advance to any fees imposed by ULM for the summary or

8.1.5 If ULM is unable to provide the requested access or a reason for denial within the timeframe specified in 8.1 above, ULM must notify the individual in writing within the time limit set by 8.1 above, of the reasons for the delay and the date by which the covered entity will complete its action on the request. In no case shall the date by which the covered entity will complete its action on the request be later than sixty days from the date of request.

9.0 Time and Manner of Access. ULM may provide the access requested within the time frames in this policy, including arranging with the patient for a convenient time and place to inspect or obtain a copy of the Protected Health Information, or mailing a copy of the Protected Health Information at the individual's request. ULM may discuss the scope, format, and other aspects of the request for access with the patient as necessary to facilitate the timely provision of access.

10.0 Fees for Copies. If the patient requests a copy of the PHI ULM may impose a reasonable, cost-based fee, not to exceed those allowed under LA Revised Statute 40:1299.96.

## **VI. Enforcement**

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

## **VII. Policy Management**

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

## **VIII. Exclusions**

None

**IX. Effective Date**

This policy will become effective upon signature of the President.

**X. Adoption**

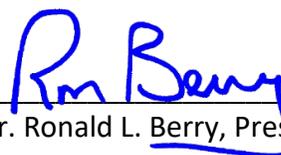
This policy is hereby adopted on this 8<sup>th</sup> day of November 2023.

Recommended for Approval by:

Approved by:



Dr. Mark Arant, VP for Academic Affairs



Dr. Ronald L. Berry, President

**XI. Appendices, References and Related Materials**

45 C.F.R. § 164.524

LA R.S. 40:1299.96

**XII. Revision History**

Original Adoption Date: November 8, 2023