

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Administration	Policy 7.1
Patient Request to Access of Health Information	Effective Date: January 15, 2015 Revised Date: August 11, 2017
References: 45CFR§164.52; http://www.hhs.gov/ocr/hipaa TTUHSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement

Texas Tech University Health Sciences Center (TTUHSC) recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise rights under 45 CFR §164.524, and other applicable federal state and/or local laws and regulations. To support this commitment, TTUHSC will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities regarding the rights of individuals to access, inspect, and obtain a copy of his/her protected health information (PHI) that is maintained in a designated record set in a timely and professional manner. However, situations may arise when the requested information is not readily available for access. Therefore, the time period for responding may be extended.

Scope and Distribution

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC. It does not apply to inmates seen or treated by TTUHSC.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#)

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

- A. Individuals, parents, or guardians may request to access, inspect, and/or obtain a copy of his/her (or a minor child, or those they are the appointed guardian of) PHI that is maintained in a designated record set. In instances where the PHI is in more than one record set, or at more than one location, TTUHSC will produce the PHI only once in response to a request for access.
- B. Individuals do not have the right to access the following types of information (see "Denial of Access" section):
 1. Psychotherapy notes;
 2. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
 3. Protected health information that is:

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- a. Subject to the Clinical Laboratory Improvement Amendments of 1988, 42 USC §263a, to the extent the provision of access to the individual would be prohibited by law; or
 - b. Exempt from the Clinical Laboratory Improvement Amendments of 1988, pursuant to 42 CFR §493.3(a)(2).
- C. Employees should not access their own or family member's PHI, nor request other employees to access the PHI, through the TTUHSC computer system. When wanting to access their own information, employees follow the same process at other patients (see D. below).
- D. Patient requests to access records:
 1. Patients requesting access to their medical records will be directed to the appropriate department/clinic which will gather the signature from the patient or patient representative on the **TTUHSC Patient Request for Access of Health Information form** ([English](#); [Spanish](#)). The patient with signed request will then be directed to the campus' Medical Records Department to release complete copies of the medical record;
 2. If the individual does not appear in person but a request is made over the phone, transfer the call to Medical Records department for the Medical Records staff to coordinate with the patient on completion of the Access Request form.
 3. If access to or copies of the PHI is requested by the patient's spouse, parent of an adult child, or other individual who is not an appointed guardian of the patient, the requesting individual must have a signed authorization from patient.
NOTE: In some instances such as public health activities, law enforcement, judicial proceedings, etc., patient authorization is not required for release of PHI. Refer to HPP 3.4 *Miscellaneous Uses and Disclosures for Which an Authorization or Opportunity to Agree or Object is Not Required*.
 4. HIPAA forms can be accessed by going to the HIPAA website (<http://www.ttuhsc.edu/hipaa/>) and from the left navigation menu selecting "HIPAA Approved Forms" and then the appropriate campus.

Upon receipt of a request for PHI, TTUHSC Medical Record staff will:

1. Confirm the identity of the person requesting the PHI with a picture ID, such as a driver's license, employee badge
2. Provide the requested PHI, or
3. Provide the individual with a written denial. To determine whether a request should be denied, see further information in this policy on denials of access.

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- C. Action taken pursuant to request must be taken:
1. No later than 15 days after the request is made and payment received for copying the medical record, if payment is required.
 2. Inform the requestor no later than 15 days after request is made if the information does not exist or cannot be found.
- D. The individual will be allowed access, inspection, and/or copies of the requested PHI in a secure and confidential manner.
- E. TTUHSC will provide the individual with access to the PHI in a readable electronic form and format requested by the individual. If the requested format is not readily producible in the electronic form and format requested by the individual or the individual requests, TTUHSC will provide the individual with access to the PHI in a readable hard copy form or such other form as agreed to by the individual.
- F. Any fees imposed on the individual will be only for the following:
- Copying (whether paper or electronic format);
 - Postage, when the individual has requested the copy be mailed, if applicable, and;
 - The preparation of an explanation or summary of the PHI, if agreed to by the individual.

Denial of Access:

- I. A denial of access will be issued in the following circumstances:
1. The protected health information is:
 - a. Psychotherapy notes;
 - b. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
 - c. Subject to the Clinical Laboratory Improvement Amendment of 1988, 42 USC §263a, to the extent the provision of access to the individual would be prohibited by law; or exempt from Clinical Laboratory Improvements Amendment of 1988, pursuant to 42 CFR §493.3(a)(2);
 2. TTUHSC is acting under the direction of a correctional institution upon an inmate's request for a copy of the protected health information and obtaining a copy would jeopardize the health, safety, security, custody, or rehabilitation of the individuals or of other inmates, or of any officer, employee, or other person at the correctional institution or anyone responsible for transporting the inmate;
 3. Access to protected health information that was created or obtained by TTUHSC in the course of research that includes treatment may be temporarily suspended for as long as the research is in progress, provided that the individual has agreed to the denial of access when

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consenting to participate in the research, and has been informed that his/her right of access will be reinstated upon completion of the research;

4. The individual's access to protected health information that is contained in records that are subject to the Privacy Act, 5 USC §552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law;
 5. The individual's access may be denied if the protected health information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- J. In denying access in whole or in part, to the extent possible, the campus' Medical Records personnel will give the individual access to any other protected health information requested after excluding the protected health information that was denied.
- K. TTUHSC will review a denial for access to protected health information when requested by an Individual in the following situations;
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;
 2. The protected health information makes reference to another person (unless such 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
 3. The request for access is made by the individual'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.
- L. All denial reviews will be conducted by a licensed health care professional who is designated by TTUHSC to act as reviewing official and who did not participate in the original decision to deny.
1. The designated reviewing official will be determined on a case-by-case basis by the Institutional Privacy Officer, Managing Director and/or campus' Regional Privacy Officer.
 2. The campus' Medical Records personnel will promptly refer a request for review to the designated reviewing official.
 3. The designated reviewing official will determine, within a reasonable period of time, whether or not to deny the access requested based on the applicable standards.
 4. Medical Records personnel will promptly provide written notice to

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the individual of the determination of the designated reviewing official and take action as requested to carry out the designated reviewing official's determination.

M. When denying an individual access to protected health information, the denial will:

1. Be written in plain language;
2. Contain the basis for the denial; and
3. Contain the following statement, if applicable:
The individual has the right to have the denial reviewed by a licensed health care professional, designated by TTUHSC to act as reviewing official and who did not participate in the original denial decision." Individuals may exercise his/her review rights by requesting a review of the denial in written form and forwarding it to the campus' Medical Records Department;
4. Contain a description of how the individual may complain to TTUHSC pursuant to its complaint procedures or to the HHS Secretary; and
5. The description of how the individual may complain will include the name or title, and telephone number of the contact person or office designated to receive such complaints.

N. This policy and procedure will be documented and retained for a period of 6 years from the date of its creation or the date when it last was in effect, whichever is later.

O. Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or www.ethicspoint.com under TTUHSC.

Approval Authority

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo](#), [Lubbock](#), [Permian Basin](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

Responsibility and Revisions

This policy may be amended or terminated at any time.