



L - 01 Addendum: Edgemoor Resident Access to Protected Health Information

POLICY: See HHSA-L-01 Client Access to Protected Health Information, at www.cosdcompliance.org.

DEFINITIONS: See HHSA Policy L-30 Privacy Definitions.

PROCEDURES:

1. Requests for Access
 - a. An individual's request may include a review and/or copy of protected health information (PHI).
 - b. An individual may request their PHI orally or in writing by using the County's approved form (HHSA Form 23-01) or by otherwise submitting their request in writing. A request via email or emailing of a scanned form shall suffice. Programs shall not require individuals use a specific form.
 - c. A request for access to PHI may only be granted to the individual with authority (see HHSA Policy L-27).
 - d. Programs shall reasonably ensure the identity of the individual making the request before providing the PHI, such as verifying information or photo ID via phone, email, or in person.
2. Response Time for Access
 - a. The program receiving the request must respond to the request through one of the following methods:
 - i. By providing access to the PHI within one (1) working days of receipt of the verbal or written request. Inspection of original records must be done under the direct observation of program staff.
 - ii. By providing a summary of some or all the PHI, if the individual agrees to this, within ten (10) working days. If the PHI is extensive or the individual was discharged within the prior ten (10) days, the program may notify the individual that it needs more time but may take no more than thirty (30) calendar days from the original request date. A summary shall include:
 1. Chief complaint/s, including pertinent history
 2. Findings from consultations and referrals to other health care providers
 3. Diagnosis (when determined)
 4. Treatment plan and regimen
 5. Medications prescribed, including dosage and any drug sensitivities or allergies
 6. Progress of treatment
 7. Prognosis, including significant continuing problems
 8. Pertinent reports of diagnostic procedures, tests, and all discharge summaries; and
 9. Objective findings from the most recent physical exam, such as blood pressure, weight, and values from routine labs.
 - iii. By providing copies of the PHI within two (2) business days of the written request.

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3. What PHI to Provide

- a. Records created by another provider – If a program has copies of PHI created by another provider, these must be given to the individual. If the program does not maintain the PHI that the individual is requesting, and the program knows where the PHI is maintained, the program shall inform the individual where to direct the request.
- b. Old information – Individuals can access their PHI regardless of when it was created. Programs must provide access to all PHI it maintains.
- c. Duplicative information – Programs must only provide non-duplicative information, meaning that if the same PHI is kept in multiple places, the program need only produce one copy.

4. Form of Access

- a. The program shall provide the individual with access to the PHI in the form and format requested by the individual, if the program is reasonably able to do so.
- b. If the program is not able to provide the PHI in the form or format requested, the program and the individual shall discuss the forms and formats reasonably available and agree to a form and format.
- c. If the request directs the program to transmit the PHI to a third party, see HHS Policy L-09.
- d. Fees may be charged for making copies in accordance with the County's fee schedule. However, individuals are entitled to one free copy of their PHI if needed for a public assistance appeal for Medi-Cal, Social Security disability insurance benefits, or Supplemental Security Income/State Supplementary Program for the Aged, Blind, and Disabled. If the individual is represented by a private attorney who is paying the costs of the appeal pending its outcome (i.e. not a nonprofit legal service entity), the individual is not eligible for the free copy.
- e. The program shall arrange for a mutually convenient time and place to inspect or provide the PHI to the individual. PHI may be provided in-person, by first class mail, or via email, at the reasonable discretion of the individual. If individual requests the PHI via email, the email should be encrypted unless the individual has specifically asked for the PHI in an unencrypted format (see HHS Policy L-05).

5. Denying a Request for Access

- a. Programs may deny a request for access in limited circumstances, including:
 - i. Access to mental health records may be denied if a licensed health professional believes the access requested is reasonably likely to endanger the life or physical safety of the individual.
 - ii. Access to psychotherapy note may be denied if a licensed health care provider determines there is substantial risk of significant adverse or detrimental consequences to an individual. Psychotherapy notes are different from mental health records. Psychotherapy notes are those notes taken by a mental health professional that are kept separate from the official chart or mental health record.
 - iii. If the PHI is not a mental health record, and a program believes provision of the record will endanger the life or safety of the individual, the program should consult Business Assurance and Compliance (BAC) and County Counsel.

BAC Privacy Procedure



- iv. The PHI was provided in confidence to the program by someone other than another health care provider and the access requested would likely reveal the source of the PHI.
 - v. If the PHI contains a reference to another person and a licensed health care professional has determined that the access is reasonably likely to cause substantial harm to such other person, the program should consult with BAC and County Counsel.
 - vi. Information compiled in reasonable anticipation of, or for use in civil, criminal, or administrative actions or proceedings should be kept separate from the medical record and thus should not apply to a request for PHI.
 - vii. Programs may not deny records due to unpaid bills.
 - b. If a program denies access, the program still must provide the individual a copy of the remaining PHI after excluding the PHI to which the program has denied access.
 - c. If a program denies access, it must give the individual written notice within five (5) working days. The written notice must be reviewed by BAC prior to sending.
 - d. The individual may submit a written request for the denial to be reviewed. The department shall route the review request to a licensed healthcare professional who did not participate in the original decision. The results of the review must be communicated to the client within 30 days of the receipt of request. The written results must also include contact information for BAC.
6. Documentation
- a. The program must document and retain the following according to the retention schedule for the program's medical record:
 - i. The written request for access and any written response from the County regarding the request.
 - ii. The records subject to the access request; and
 - iii. The titles of the persons or offices responsible for receiving and processing such requests.
 - iv. The date and format of the PHI provided.

QUESTIONS/INFORMATION: Please contact HHS Business Assurance and Compliance (BAC) by email at Compliance.HHSA@SDCounty.ca.gov or by phone (619) 237-8571.