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|  <p>Heritage Provider Network & Affiliated Medical Groups</p> | Program: HIPAA Compliance | | | |
| | Policy No. | Effective Date: 01/01/2012 | Page - 1 - | |
| | Authored by: Compliance Sub Committee | Date: 01/01/2012 | Revised by: Sandy Finley | Date: 02/02/2015 |
| | Approved by: Compliance Committee | Date: 02/02/2015 | | |
| Title of Policy: Release of Medical Information | | | | |

PURPOSE:

To ensure privacy of medical information as well as customer satisfaction through timely and accurate compliance with established local, state and federal laws, rules and regulations governing the release of medical information.

POLICY:

It is the policy of Heritage Provider Network and its Affiliated Medical Groups to recognize and protect the right of privacy as set forth in the Confidentiality of Medical Information Act, as well as HIPAA and other State and Federal laws which govern the release of patient-identifiable information by hospitals and other health care providers. Medical information is defined as any individually identifiable information, whether oral or recorded in any form or medium. The information can be in the possession of or derived from a provider of healthcare services regarding a patient's current, past or future medical status, mental or physical condition, or treatment. Medical information or records transmitted by electronic media, maintained in an electronic media or transmitted or maintained in another form, shall not be disclosed unless the disclosure is authorized by the Act, by other laws, or by the patient.


RESPONSIBILITY:

Compliance Officer / Clinic Operations Manager and Corporate Compliance Officer

PROCEDURES:

Release of information shall be timely and in compliance with applicable laws. The most stringent applicable state and/or federal laws that give the individual patient more protection will be followed and take precedence.


1. Signed patient authorizations are responded to within seven (7) days, but not more than fifteen (15) days, of receipt. In cases of patient transfer or referral, every effort is made to have copies of patient records available before the patient's appointment. In cases with time constraints, patients may choose to hand carry records, have them mailed, delivered by courier (if applicable) or with patient consent, faxed(if only a few pages).
2. Request for medical record inspection by the patient or with authorized representative shall be permitted during regular business hours within five (5) working days after receipt of patient authorization. The record will be reviewed in the presence of the Director of Health Information Management or designee.

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3. Subpoena duces tecum (or subpoena for production of evidence) requests are responded to by the deposition date, but not prior to fifteen (15) days after receipt. As required by HIPAA, civil and administrative subpoenas will have a Notice to the Consumer attached in order to be valid.

Processing Requests

1. An authorization from the patient and/or authorized person for the release of medical information from Heritage Provider Network and its Affiliated Medical Groups shall be valid if it is written in plain language, and
 - It is handwritten by the person who signs it or is in the typeface of no smaller than 8-point type, and is executed by a signature which serves no other purpose than to execute the authorization.
 - Is signed and dated by one of the following:
 - a. The patient: In the case of minor patients, the minor may only sign an authorization for the release for medical information for services to which the minor could lawfully have consented.
 - b. The legal representative of the patient: Copies of legal paperwork showing authority to sign, such as Power of Attorney, are required.
 - c. The spouse of the patient or personal financially responsible for the patient. Only in instances where the medical information is being sought for the sole purpose of processing an application of health insurance or plan where the patient is to be an enrolled spouse or dependent under the policy or plan.
 - d. The beneficiary or personal representative of a deceased patient.
 - Ensure the verification of requestor's identity is confirmed by asking for at least one form of picture identification (i.e., driver's license).
 - The requested information must be specifically defined and must be related to the health condition of the patient.
 - States the name or other specific identification of the person or class of persons authorized to use or disclose the information.


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- The name or other specific identification of the person or class of persons to whom the covered entity may make the use or disclosure.
 - State the specific purpose of the requested use or disclosure.
 - States an expiration date or event.
 - Must include a statement of the individual's rights to revoke the authorization in writing.
 - Must include a statement that the covered entity will not condition the treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization or not.
 - If an authorization is completed by an individual for use or disclosure of information, the individual must be given a copy of the authorization.
2. Log in all incoming requests for medical records in appropriate log in electronic media.
 3. All requests for medical information are to be processed as soon as possible after receipt and in all cases must be answered in accordance with specific timeframes required by law.
 4. Any attorney, copy service requests, or subpoenas are directed to the appropriate management personnel for processing.
 5. Pull all charts (paper/electronic) for copying, verifying validity and appropriateness of requests.
 6. Review medical records to assure that record is complete, and checking to see that no confidential information is inadvertently released without proper authorization.
 7. Log in all copies of medical records received. These copies are to be date stamped, scanned, and stored immediately in the electronic medical record.

Release without Patient Authorization

Discretionary disclosure is permitted as follows:

1. Healthcare providers for purposes of diagnosis or treatment of the patient.

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2. Insurer, employer, health care service plan, or any other person or organization responsible for payment of health care services rendered to the patient, provided that information is disclosed only to the extent necessary to determine legitimacy of claim and to secure payment.
3. Reporting, Regulator and Accreditation agencies.
4. Law enforcement officers – mandatory per Penal Code, Sec. 1543-1545.

Disclosure of Transfer Records

Medical records obtained from other healthcare providers, once incorporated into the current medical records, are considered part of the medical records and are subject to the release authorization requirements.

Release of Information to Contracted or Non-Contracted Service for Copying

No copying may be done by the provider or by an agent of the provider. Copies of the medical records will be made available only by appointment Monday through Friday, 9:00 a.m. to 5:00 p.m.. Large volumes of medical records will be provided by electronic media.

Charges for Medical Records Requests

1. A standard fee is due upon presentation of written request to cover the cost of locating the record and verifying service dates.
2. Actual costs incurred in retrieving chart from and returning to storage, if necessary.

REFERENCE:

45 CFR §164.512, 45 CFR §508, 45CFR §164.524; California Civil Code 56.11(a-g) and 123222.1