

	Ethics & Compliance Department		
	Policy No.: 26	Created:	01/2018
		Reviewed:	06/2025
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HIPAA: PATIENT RIGHT TO REQUEST

SCOPE:

All Envision Healthcare teammates. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this Patient Right to Request policy to provide guidance to teammates regarding an individual’s right to request access, confidential communications of protected health information (“PHI”), amendments of medical records, and accounting of disclosures.

POLICY AND PROCEDURE:

Communication Requests

The Company must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the Company by alternative means or at alternative locations.

Right to Request Confidential Communications

Patients have the right to request that communications from the Company be delivered by alternative means or at alternative locations (e.g., mailing test results to an alternative location/PO Box, providing a phone call to discuss protected health information rather than mailing, etc.).

A. Who May Request

Only the patient or the patient’s authorized representative may request a confidential communication (*See Policy 13 – Disclosing PHI to Personal Representatives and/or Family and Friends regarding who qualifies as a legally authorized representative*).

If the person is not known to the Company, verify and document the person’s identity and authority.

B. Form of Request

The request must be in writing, using the form entitled “Preferred Communication Form” (*See attached form below*).

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Each patient has a right of access to inspect and obtain a copy of PHI about the patient in a designated record set for as long as the PHI is maintained in the designated record set, except for:

- 1) Psychotherapy notes (defined as notes prepared by a mental health professional to document or analyze private conversations with the patient);
- 2) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
- 3) PHI maintained by the Company that is:
 - a. Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. §263a, to the extent the provision of access to the patient would be prohibited by law (laboratory results subject to disclosure limitations under CLIA) or Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR §493.3(a)(2).
 - b. Information obtained, under promise of confidentiality, from someone other than a health care provider.
 - c. Information requested by a parent regarding a minor patient, if the minor alone sought and consented to the treatment and the treating physician believes it would be in the minor's best interest to maintain the minor patient's privacy.
 - d. Designated record set includes the patient's clinical records, payment and insurance records, and any other collection of health information maintained and used by the Company to make decisions about the patient. This does **NOT** include information used or created to conduct UR/QA activities, to obtain legal advice, or for other internal operations of the Company.

Upon written request of the patient, the Company will provide the patient with access to or a copy of his/her medical record, in whole or in part, unless it meets one of the exceptions above (*See* form entitled "Patient Request to Inspect Health Information," attached below). In addition, the Company will not provide copies of information, where applicable law would prohibit the Company from disclosing the information to the patient, or under circumstances that would jeopardize the safety of the patient or others.

If the patient requests specific information not contained in the medical record, but the department knows where the requested information is maintained, the patient will be informed where to direct the request for access.

C. Accommodation of Request

If the request is reasonable, and if acceptable arrangements have been made for payment, the request must be accommodated. Mark the relevant portions of the patient's records (including

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billing and payment records) to protect against improper disclosure. Notify any of the Company's business associates who might otherwise use or disclose the information improperly.

- 1) The Company will act on a request for access to records that are not in an electronic format no later than **thirty (30) days** or sooner as required by state law after receipt of the request as follows.
 - a. If the request is not denied, the Company will inform the patient of the acceptance of the request and provide the access requested.
- 2) If the Company is unable to take an action within the time required, the Company may extend the time for such actions by no more than **thirty (30) days or sooner as required by state law**, provided that:
 - a. The Company, within the time limit set by sections (B) and (C) of this policy, as applicable, provides the patient with a written statement of the reasons for the delay and the date by which the Company will complete its action on the request; and
 - b. The Company may have only one such extension of time for action on a request for access.
- 3) If the Company provides a patient with access, in whole or in part, to PHI, the Company must comply with the following requirements.
 - a. The Company will provide the access requested by patients, including inspection or obtaining a copy, or both, of the PHI about them in designated record sets. If the same PHI that is the subject of a request for access is maintained in more than one designated record set or at more than one location, the Company will only produce the PHI once in response to a request for access.
 - b. The Company will provide the patient with access to the PHI in the form or format requested by the patient, if it is readily producible in such form or format; or, if not, in a readable hard copy form or such other form or format as agreed to by the Company and the patient.
 - c. The Company will provide the access as requested by the patient in a timely manner, including arranging with the patient for a convenient time and place to inspect or obtain a copy of the PHI, or mailing the copy of the PHI at the patient's request. The Company 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.
 - d. If the patient requests a copy of the PHI or agrees to a summary or explanation of such information, the Company may impose a reasonable, cost-based fee, provided that the fee includes only the cost of:
 - i. Copying, including the cost of supplies for and labor of copying, the PHI requested by the patient;

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- ii. Postage, when the patient has requested the copy or the summary or explanation, be mailed; and
 - iii. Preparing an explanation or summary of the PHI, if agreed to by the patient.
- 4) The Company will document the designated record sets that are subject to access by patients and the titles of the persons or offices responsible for receiving and processing requests for access by patients. All documentation, including requests and denials, will be retained for six (6) years from the date of document creation or the date it last was in effect, whichever is last.
- 5) If the PHI requested is in an electronic format, the Company will provide the patient with the PHI in an electronic format requested by the patient, if able to do so, or in a readable electronic format that the patient and the Company agree to.
- 6) If the patient requests that the Company transmit a copy of the PHI requested to a third party, the Company will provide a copy of the PHI to that third party provided that the patient's request is:
 - a. In writing;
 - b. Signed by the individual;
 - c. Clearly identifies the designated person and where to send the copy of the information.

D. Denial of Request

Any decision to deny the request shall be made by the Privacy Official, who must document why the request was found to be unreasonable. If the request is denied, in whole or in part, the Company will provide the patient with a written denial.

- 1) The Company may deny a patient access without providing the patient an opportunity for review, in the following circumstances:
 - a. If acting under the direction of a correctional institution, the Company may deny, in whole or in part, an inmate's request to obtain a copy of PHI, if obtaining such copy would jeopardize the health, safety, security, custody, or rehabilitation of the patient or of other inmates, or the safety of any Official, employee, or other person responsible for the inmate.
 - b. A patient's access to PHI that is contained in records that are subject to the Privacy Act, 5 U.S.C. §552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.

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- c. A patient's access may be denied if the PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
 - d. Health records include the patient's clinical records, payment and insurance records, and any other collection of health information maintained and used by the Company to make decisions about the patient. This does **NOT** include information used or created to conduct UR/QA activities, to obtain legal advice, or for other internal operations of the Company.
- 2) The Company may deny a patient access, provided that the patient is given a right to have such denials reviewed, in the following circumstances:
 - a. A licensed health care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person;
 - b. The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
 - c. The request for access is made by the patient's personal representative and a licensed health care professional has determined that the provision of access to such personal representative is reasonably likely to cause substantial harm to the patient or another person.
- 3) If access is denied on a ground permitted under section (B) of this policy, the patient has the right to have the denial reviewed by a licensed health care professional. The Company must designate a licensed health care professional, who was not directly involved in the denial, to review the decision to deny access. The Company must promptly refer a request for review to such designated reviewing official. The designated reviewing official must determine, within a reasonable period of time, whether or not to deny the access requested. The covered entity must promptly provide written notice to the individual of the determination of the designated reviewing official, and take other action as required to carry out the designated reviewing official's determination.
- 4) If the Company denies access, in whole or in part, to PHI, the Company will, to the extent possible, give the patient access to any other PHI requested after excluding the PHI as to which the Company has a ground to deny access.
 - a. The basis for the denial;
 - b. If applicable, a statement of the patient's review rights including a description of how the patient may exercise such review rights; and
 - c. A description of how the patient may complain to the Company or to the Secretary of the U.S. Department of Health and Human Services for failure to comply with the patient's request. The description must include the name, or

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title, and telephone number of a contact person or office related to privacy and security.

- 5) If the Company does not maintain the PHI that is the subject of the patient's request for access, and the Company knows where the requested information is maintained, the Company will inform the patient where to direct the request for access.

Amendment of Record Request

A patient has the right to have PHI or a record about the patient in a designated record set amended for as long as the PHI is maintained in the designated record set (*See* form "Patient Request for Amendment of Health Information" attached below).

- 1) If the Company grants the requested amendment, the Company must act on the patient's request for an amendment no later than sixty (60) days after receipt of such a request.
- 2) If the Company is unable to take an action on the patient's request within the time required, the Privacy Official may extend the time by no more than thirty (30) days, provided that the Privacy Official, within sixty (60) days of receipt of a request, provides the patient with a written statement of the reasons for the delay and the date by which the Company will complete its action on the request. The Company may have only one such extension of time for action on a request for amendment.
- 3) If the Company grants the requested amendment, the Company will make the appropriate amendment by identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment. The Company will inform the patient that the amendment is accepted. With the patient's agreement, the Company will notify the relevant persons with which the amendment needs to be shared. Relevant persons include persons identified by the patient as having received PHI about the patient and needing the amendment, and persons, including business associates, that the Company knows have the PHI that is the subject of the amendment and that may have relied, or could rely, on such information to the detriment of the patient.
- 4) If informed by another health care provider or another agency of an amendment to a patient's PHI, the Company will amend the PHI in designated record sets.
- 5) The Company will document the titles of the persons or offices responsible for receiving and processing requests for amendment by patients. All documentation, including requests and denials, will be retained for six (6) years from the date of document creation or the date it last was in effect, whichever is last.

A. Denial of Amendment Request

- 1) The Company may deny a patient's request for amendment if it determines that the PHI or record that is the subject of the request:

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- a. Was not created by the Company, unless the patient provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
 - b. Is not part of the designated record set;
 - c. Is accurate and complete.
- 2) If the Company denies a patient's request for amendment, the Company must provide the patient with a written denial within sixty (60) days of the date the request is received. The Privacy Official will provide the patient with the written denial. The denial must be written in plain language and contain:
 - a. The basis for the denial;
 - b. The patient's right to submit a written statement disagreeing with the denial and how the patient may file such a statement;
 - c. A statement that, if the patient does not submit a statement of disagreement, the patient may request that the Company provide the patient's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
 - d. A description of how the patient may complain to the Company or to the Secretary of the U.S. Department of Health and Human Services for failure to comply with the patient's request. The description must include the name or title and telephone number of a contact person or office related to privacy and security.
- 3) If the Company is unable to provide a written denial within the time required, the Privacy Official may extend the time by no more than thirty (30) days, provided that the Privacy Official, within sixty (60) days of receipt of a request, provides the patient with a written statement of the reasons for the delay and the date by which the Company will complete its action. The Company may have only one such extension of time for action on a request for amendment.
- 4) The Company permits the patient to submit to the Privacy Official a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The Company may reasonably limit the length of a statement of disagreement.
- 5) The Company may prepare a written rebuttal to the patient's statement of disagreement. Whenever such a rebuttal is prepared, the Privacy Official will provide a copy to the patient who submitted the statement of disagreement.
- 6) The Company will, as appropriate, identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the patient's request for an amendment, the Company's denial of the request, the patient's statement of disagreement, if any, and the Company's rebuttal, if any, to the designated record set (document or transaction).

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- 7) If a statement of disagreement has been submitted by the patient, the Company must include the material appended or, at the election of the Company, an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.
- 8) If the patient has not submitted a written statement of disagreement, the Company will, upon request of the patient in writing, include the request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI. When a subsequent disclosure is made using a standard transaction (as defined by the HIPAA Transaction Rules) that does not permit the additional material to be included with the disclosure, the Company may separately transmit the request for amendment and its denial, or summary of such information, to the recipient of the standard transaction.

Accounting of Disclosures Request

- A) A patient has the right to receive an accounting of disclosures of PHI made by the Company in the six (6) years prior to the date on which the accounting is requested, except for disclosures:
 - a. To carry out treatment, payment, and health care operations;
 - b. To patients of PHI about them;
 - c. For national security or intelligence purposes; or
 - d. To correctional institutions or law enforcement officials.
- B) The Company will temporarily suspend a patient's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by such agency or official. Such agency or official must provide the Company with a written or verbal statement that such an accounting to the patient would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required. If the agency or official statement is made orally, the Company will:
 - (1) Document the statement, including the identity of the agency or official making the statement;
 - (2) Temporarily suspend the patient's right to an accounting of disclosures subject to the statement; and
 - (3) Limit the temporary suspension to no longer than thirty (30) days from the date of the oral statement, unless a written statement is submitted during that time.

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- C) The Company will act on the patient’s request for an accounting, no later than sixty (60) days after receipt of such a request. The Company will provide the patient with the accounting requested, or if unable to provide the accounting within the time required, the Privacy Official may extend the time to provide the accounting by no more than thirty (30) days, provided that the Company, within sixty (60) days after receipt of a request, provides the patient with a written statement of the reasons for the delay and the date by which the Company will provide the accounting. The Company may have only one such extension of time for action on a request for an accounting.
- D) The Company will provide the first accounting to a patient in any 12-month period without charge. The Company may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same patient within the 12-month period. The Company will inform the patient in advance of the fee and provide the patient with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.
- E) The Company will document the titles of the persons or offices responsible for receiving and processing requests for an accounting by patients. All documentation, including requests for accounting, denials, and the written accounting, provided to the patient will be retained for six (6) years from the date of document creation or the date it last was in effect, whichever is last.
- F) If the Company determines that it must exclude PHI from an accounting of disclosures, the Company will provide a timely, written explanation to the patient. The explanation will be in plain language and contain:
- a. The basis for the exclusion; and
 - b. A description of how the patient may complain to the Company or to the Secretary of the U.S. Department of Health and Human Services for failure to comply with the patient’s request, in whole or in part. The description must include the name or title and telephone number of a contact person or office related to privacy and security.

A. Content of Accounting Disclosures

- 1) The accounting must include for each disclosure:
 - a. The date of the disclosure;
 - b. The name of the entity or person who received the PHI and, if known, the address of such entity or person;
 - c. A brief description of the PHI disclosed; and
 - d. A brief statement of the reason of the disclosure that reasonably informs the patient of the basis for the disclosure.

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- 2) If, during the period covered by the accounting, the Company has made multiple disclosures of PHI to the same person or entity for a single purpose, or pursuant to a single authorization for use or disclosure, the accounting may provide:
 - a. The information required for the first disclosure during the accounting period;
 - b. The frequency, periodicity, or number of the disclosures made during the accounting period; and
 - c. The date of the last such disclosure during the accounting period.
- 3) List of Exempt Disclosures (Accounting does not have to include disclosures made for below purposes):
 - a. Treatment, payment, or healthcare operations;
 - b. Disclosures to the patient or the patient's personal representative;
 - c. Disclosures authorized by the patient or the patient's representative;
 - d. To notify family members or to assist family and other persons involved in the patient's care;
 - e. For national security intelligence;
 - f. To correctional institutions or law enforcement authorities that have custody of the patient;
 - g. Disclosures involving de-identified information.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company's Ethics & Compliance Program.



PREFERRED COMMUNICATIONS FORM

Name of Patient: _____ Date of Request: _____

I request that all communications from the Company be delivered to me by the following alternate means or at the following alternate address or phone number.

Acknowledgement and Agreement. I understand and agree that if this request could limit the Center's ability to collect payment, I will be responsible for paying the bill in full, and that my failure to pay within 90 days will constitute my agreement that the Company may contact me at any other known address or phone number.

SIGNED: _____ Date: _____

Print name: _____ Phone No: _____

Address: _____

Relation to patient: _____

For internal use only:

Date request received: _____

Received by: _____

How was identity verified? _____

Copy made: Yes ☐ No ☐

How was authority verified? _____

Copy made: Yes ☐ No ☐

Date Sent to Privacy Official to approve: _____

Privacy Official Approved: Approved: Yes _____ No _____



PATIENT REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Name: _____

Birth Date: _____

Patient Account Number: _____

Date of Service: _____

Patient Address: _____

Date of entry to be amended: _____

Type of entry to be amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

Signature of Patient or Legal Representative

Date

Relationship of Legal Representative

.....

For Healthcare Organization Use Only:

Date Received: _____ Amendment has been: ☐ Accepted ☐ Denied

If denied, check reason for denial:

- | | |
|---|---|
| <input type="checkbox"/> PHI was not created by this organization | <input type="checkbox"/> PHI is not part of patient's designated record set |
| <input type="checkbox"/> PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes) | <input type="checkbox"/> PHI is accurate and complete |



PATIENT REQUEST TO INSPECT HEALTH INFORMATION

(This request must be completed and submitted to the Center along with verification of your identity. If you are not the patient, you must also provide proof of your relation to the patient or other legal authority to obtain access to the patient's health information.)

I, _____, hereby request that I be allowed to inspect and/or obtain a copy of health information regarding the following patient:

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

1. I wish to (check one or more of the following):

- ☐ Personally inspect the patient's health records at no charge, at a mutually convenient time.
- ☐ Obtain a copy of the patient's health records. I understand that there is a copying charge of \$_____ per page and that I may be required to pay the copying charge, plus any costs of postage, before the copies will be released to me.
- ☐ Obtain a summary of information in the patient's health records, at a charge of \$_____.

2. The information to be inspected and/or copied includes only those items checked below:

- ☐ Billing and payment information *(If you only need information regarding certain dates or types of treatment, please describe below.)*

- ☐ Medical record *(If you only need information regarding certain dates or types of treatment, please describe below.)*

- ☐ A summary of information in the medical record *(If you only need information regarding certain dates or types of treatment, please describe below.)*



3. I certify that I am (check whichever applies):

- ☐ the patient, and the identification that I have provided is true and correct.
- ☐ the patient's authorized representative, and that the identification and proof of authority that I have provided are true and correct. My relationship to the patient is that of _____.

Signed this _____ day of _____, 20__.

Signed: _____

Print name: _____

Address: _____

Witness: _____

Print name: _____

Date: _____

For Office Use Only:

Date request received: _____

How was identity verified? _____ Copy made? ☐ Yes ☐ No

How was authority verified? _____ Copy made? ☐ Yes ☐ No

Information/Copies made available by: _____ Date: _____