

	Ethics & Compliance Department	
	Policy No.: 26	Created: 01/2018
		Reviewed: 09/2024
	Revised:	

HIPAA: REQUEST FOR ACCESS AND ALTERNATIVE / CONFIDENTIAL COMMUNICATIONS

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 Alternative / Confidential Communications policy to provide guidance to teammates regarding an individual’s right to request confidential communications of protected health information.

POLICY:

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.).

Who May Request

Only the patient or the patient’s authorized representative may request a confidential communication (*See* Policy 13 – Personal Representatives 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.

Form of Request

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

	Ethics & Compliance Department	
	Policy No.: 26	Created: 01/2018
		Reviewed: 09/2024
	Revised:	

- A) 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.
- B) 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. 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.
- C) 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.

	Ethics & Compliance Department	
	Policy No.: 26	Created: 01/2018
		Reviewed: 09/2024
	Revised:	

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 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.

A) 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.

(1) If the request is not denied, the Company will inform the patient of the acceptance of the request and provide the access requested.

B) 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:

(1) 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

(2) The Company may have only one such extension of time for action on a request for access.

C) If the Company provides a patient with access, in whole or in part, to PHI, the Company must comply with the following requirements.

(1) 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.

(2) 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.

	Ethics & Compliance Department	
	Policy No.: 26	Created: 01/2018
		Reviewed: 09/2024
	Revised:	

- (3) 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.
- (4) 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:
- (a) Copying, including the cost of supplies for and labor of copying, the PHI requested by the patient;
 - (b) Postage, when the patient has requested the copy or the summary or explanation, be mailed; and
 - (c) Preparing an explanation or summary of the PHI, if agreed to by the patient.
- D) 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.
- E) 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.
- F) 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:
- (1) In writing;
 - (2) Signed by the individual;
 - (3) Clearly identifies the designated person and where to send the copy of the information.

	Ethics & Compliance Department	
	Policy No.: 26	Created: 01/2018
		Reviewed: 09/2024
	Revised:	

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.

A) The Company may deny a patient access without providing the patient an opportunity for review, in the following circumstances:

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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.

B) The Company may deny a patient access, provided that the patient is given a right to have such denials reviewed, in the following circumstances:

- (1) 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;
- (2) 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

	Ethics & Compliance Department	
	Policy No.: 26	Created: 01/2018
		Reviewed: 09/2024
	Revised:	

(3) 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.

C) 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.

D) 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.

(1) The basis for the denial;

(2) If applicable, a statement of the patient’s review rights including a description of how the patient may exercise such review rights; and

(3) 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.

E) 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.

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 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: _____
Address: _____

Date of Birth: _____
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: _____