

OPS-CM 540: Disclosure of Protected Health Information

Administrative Signature: _____
[enter name and title]

Date: July 13, 2022

Revised Date: March 10, 2023

PURPOSE

To implement a consistent and secure process for clients to obtain access to their medical records. Per HIPAA §164.524, individuals can have access to their medical records and protected health information (PHI) within limits. Crisis Preparation & Recovery, Inc. (CPR, Inc.) is devoted to providing quality care and ensuring that all clients' rights are valued in the best way possible.

POLICY

CPR's disclosure of protected health information policy is an outline to help ensure compliance with federal and state laws and regulations, as well as HIPAA §164.524, for consistent management when releasing our client's protected health information. The policy includes required guidelines and procedures that must be followed prior to disclosing and/or releasing client's protected health information to the client's themselves and those other than the client. In addition to directions for when protected health information may indicate a denial for disclosure and required steps to be followed.

DEFINITIONS

De-Identification: The process of removing any data in a medical record that can be used alone or in combination with other information to identify an individual.

Designated Record Set: A group of records maintained by or for a covered entity that is: the medical and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment claims adjudication, and case or medical management record systems maintained by or for a health plan; or used, in whole or in part, by or for the covered entity to make decisions about individuals. For purposes of this definition, record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used or disseminated by or for a covered entity. (45 C.F.R. § 164.501)

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HIPAA: The federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs.

Protected Health Information (PHI): Any information about health status, provision of health care, or payment for health care that can be linked to a specific individual (*ie. Names, DOB, address, telephone number, email address, social security number, etc.*).

GUIDELINES

In accordance with HIPAA §164.524, the following is a summary of applicable information that *may* be denied to a client that *does not* provide the client an opportunity for review:

- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or
- Protected health information 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.

The following is a summary of applicable information that *may* be denied to a client that *does* provide the client an opportunity for review:

- A licensed healthcare professional has determined through professional judgment that the access requested by the client OR client's personal representative is reasonably likely to endanger the life or physical safety of the individual or another person;
- The PHI makes reference to another person (unless such other person is a health care provider) and a licensed healthcare professional has determined through professional judgment that the access requested is reasonably likely to cause substantial harm to such other person

According to HIPAA §164.524, (a)(4), if applicable, the client may request to have the denial reviewed by a licensed health care professional who did not participate in the original decision to deny. This would typically be the supervisor of the client's provider; however, if the supervisor was involved in the original denial, the Quality Management Department may review.

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PROCEDURES

Release of PHI to the Client

1. Record requests can be made in several ways:
 - a. Email at **recordrequest@cprecovery.com**
 - b. CPR website under contact us
 - c. Phone at (480) 804-0326 ext.1128
 - d. Fax at 602-429-8122
 - e. In person at the provider's office during business hours
2. A CPR Records Request Form must be completed; this form can be sent or received by email or fax if requested.
3. Once received, the CPR Medical Records Department has 30 days to complete the request.
4. The providers who completed the requested records will determine if access is granted, based on the above policy.
 - a. If the records requested include identifying information for another individual than the client, the provider must remove said information through the process of de-identification (See CPR's De-Identification Process).
5. If the client is retrieving their records, the client must provide identification at the time of retrieval. If the Records Department is unable to get a copy of their identification, the client will be asked to have my signature notarized.
6. If the client requests that another person retrieve their records in person at the time of the CPR office, this person must be designated by the client and provide identification at the time of retrieval.
7. CPR must provide the PHI in the requested form and format.
 - a. According to the 2013 HIPAA Omnibus Final Rule, clients can receive their

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records through the use of unencrypted email as long as they are aware of the limitations.

- b. CPR Records Request Form informs clients of the above limitations.
8. CPR does NOT provide records from other agencies to clients, due to our inability to attest to how the external records were originally created; however, these records may be provided to the specified Health Plan during audits.
9. First copies of records are free of charge for clients. If clients request further records, CPR may impose the following fees:
 - a. \$0.25 per page of printed or copied records;
 - b. \$10.00 per hour for clerical fee related to processing the request; and
 - c. Postage fees as applicable.
10. If any portion of the request is denied, CPR must allow access to other PHI requests (not included in the denial) and complete the CPR Records Request Denial Letter to provide to the client.
11. Per A.R.S. § 12-2293, a copy of the denial letter must be placed in the client's medical records.
12. If the client has requested that the denial be reviewed and this is applicable according to the outlined policy, the supervisor of the provider who initiated the denial will review the request.
13. If a supervisor was included in the initial denial, QM staff will provide the review request if initiated by the client.
14. Provide documentation in the medical record of the release.

Release of PHI to an Outside Individual/Agency:

1. Record requests can be made in several ways:
 - a. Email at recordrequest@cprecovery.com
 - b. Phone at **(480) 804-0326 ext.1128**

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- c. Fax at **602-429-8122**
 - d. In person by the client
- 2. Once received, the CPR Medical Records Department has 30 days to complete the request.
- 3. If the release is initiated by the client, the client is required to fill out one of the following:
 - a. Crisis Preparation & Recovery, Inc. Client Information Release Form (CPR General ROI) or the Crisis Preparation & Recovery, Inc. Client Information Release to PCP Form (CPR General ROI-PCP); OR
 - b. a release of information from an outside agency
- 4. If the release is initiated by an outside individual/agency, the CPR Medical Records Department must determine the validity of the request by ensuring the release contains the following:
 - a. Specific information to be disclosed;
 - b. Indication that CPR is authorized to make the disclosure;
 - c. Identification of the person(s) or agency to whom CPR may make the disclosure;
 - d. Purpose of the disclosure;
 - e. Expiration date or event; and
 - f. Signature of the client and date. If the authorization is signed by a personal representative of the client, a description of the representative's authority AND verification of said authority to act for the individual must also be provided.
- 5. If any of the above parts of the release are missing, the release is not valid and must not be granted. The CPR Medical Records Department can do the following:
 - a. Contact the client to complete a CPR General ROI if the client continues to

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- want the records released to the requesting agency; or
- b. Contact the requestor or requesting agency to inform them that the request cannot be processed until the release is complete.
6. The CPR Medical Records Department provides the requested PHI in the requested form and format.

Amending PHI

1. According to 45 CFR 164.526 and the HIPAA Privacy Rule, clients have a right to request that their records be amended.
2. A client may request that information be amended verbally or in writing.
3. The provider who documented the information requesting to be amended will review the request to determine if the information is complete and accurate.
 - a. If the information in the records is complete and accurate, the request for amendment is denied, and the CPR Amendment Denial Letter is provided to the client.
 - b. If the amendment is accepted, CPR staff will complete the following:
 - i. Amend the medical records
 - ii. Notify the client of the amendment and obtain the name of entities that the client would like notified about the amended information.
 - iii. Notify identified entities by the client about the amended information.
4. The amendment process can take no longer than 60 days.

ACCOUNTABILITY

Employees are responsible for:

- Review of requested medical records for release or denial and following above guidelines and procedures indicated the policy.
- Redacting records prior to release when applicable. (See above for redacting indications)

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- Reviewing records to determine if they are complete and accurate if an amendment is requested by a client as indicated in policy.
- If an amendment request is accepted, the provider should complete the amendment and notify the client within the policies above timelines.

Managers are responsible for:

- If a client requests a denial be reviewed, the supervisor of the provider who initiated the denial will review as indicated in the policy within designated timelines.
- Ensuring supervisees follow policy guidelines and procedures when disclosing or denying to disclose client's protected health information.

HR is responsible for:

- Providing guidance and support to managers for appropriate intervention when/if employee/manager are consistently out of compliance with above policy.

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