

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN

POLICY AND PROCEDURE

Subject: <u>PATIENT REQUESTS FOR ACCESS</u>	No. HIPAA-17
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I. PURPOSE

To establish a policy and procedure for granting access to a patient to review health information maintained in the designated record set to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

SUNY Downstate will ensure that patient requests for review of their health information are reviewed in a timely manner and access is granted appropriately as required by State and Federal law, professional ethics and accreditation agencies.

III. DEFINITION(s)

Designated Record Set- A group of records maintained by or for a covered entity which include:

- Medical records and billing records about individuals maintained by or for a covered health care provider;
- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- Other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access. Electronic designated record sets include electronic links to images or other data.

A **personal representative** is a person with authority under state law to make healthcare decisions for the individual; a patient's attorney is excluded as a personal representative.

IV. RESPONSIBILITIES

It is the responsibility of all HIM, Radiology, Student Health, Patient Relations, Social Services, Risk Management, medical staff, Medical Records Committee members and other hospital staff members, as appropriate, to comply with this policy. Medical staff members include physicians as well as allied health professionals.

V. PROCEDURE/GUIDELINES

A. Right to Information- Patients have a right to access their health information:

1. Maintained in the designated record set;
2. For as long as the information is contained in the designated record set – the institution is not required to create new information;
3. As long as the request is made in writing. Refer to *Patient Request for Access to Health Information* form attached to this policy. All requests for access to information should be referred to the Health Information Management Department (HIM). HIM staff will refer the request to the Radiology Department, Student Health or other departments for records not maintained by HIM.
4. Appropriate staff must then contact the attending physician, in addition to Risk Management, to determine whether the request should be granted or denied.

B. Response Time- Appropriate staff should respond to patient requests for access in an expeditious fashion and at the very latest, in accordance with the following guidelines. To ensure that these deadlines are met, appropriate staff should complete the information on the back of the Patient Request to Access Health Information form:

1. Inspection of Records- Response within ten (10) days from the date the request was received by the HIM Department.
2. Copies of Records- Response within thirty (30) days of request.
 - a. A one- time extension of thirty (30) days may be granted if the department is experiencing unusual difficulties responding within the timeframes above. However, under no circumstances may a response be given later than sixty (60) days from the date of the patient's request.
 - b. If an extension is needed, the Department must notify the patient in writing within the original thirty (30) day timeframe to explain the reason for the delay and the date when the hospital expects to answer the patient's request. See Extension Notification form attached to this policy. Only one extension request may be made.
 - c. If the patient requests a copy of information that is maintained partly on-site and partly off-site, appropriate staff must respond within the timeframe above. The patient's request to copy on-site records should not be delayed while the hospital processes the request for off-site records.

C. Granting Access

1. Requests for Inspection of Records- The appropriate department must arrange an appointment with the patient to review his or her records during regular business hours. Copies cannot be provided in lieu of inspection unless the patient agrees or a ground for denial (See Section IV.D.) justifies providing copies instead of inspection.
 - a. Proper Identification- The patient must present proper identification or, to staff before being permitted to inspect his or her information (An employee ID

card, driver's license or insurance card will suffice). Personal representatives must provide proof of their authority to access the records.

- b. Patient's Review- Appropriate staff should inquire as to whether the patient wishes to have the attending physician or nursing staff member assist in the review. A patient cannot be penalized or denied access for refusing.
 - i. A staff member should be present in the room at all times to ensure that the integrity of the records is maintained. Care should be taken to ensure that the patient is afforded appropriate privacy when reviewing the content of his or her records.
 - ii. The patient's review should take place only where the patient will not be able to view information or records concerning other patients.
 - iii. If the patient wishes to be completely alone, the patient must request copies of the record.
 - iv. Any questions regarding the content of the medical record must be referred to the attending physician.

2. Requests for Copies of Records

- a. Format of copies- Whenever possible, copies of records should be provided in the format requested by the patient.
 - i. If the patient requests a paper copy and the PHI is in paper, then a paper copy should be returned to the patient.
 - ii. If the patient requests an electronic copy and the PHI is in paper form, DMC needs to provide a copy electronically if it is readily producible. If not, DMC should agree on a readable alternative electronic format.
 - iii. DMC may also choose to provide a summary of the PHI in lieu of providing access as long as:
 - a. The patient agrees to receive the summary, and
 - b. The patient agrees to the fees.
 - iv.. Original mammogram films should be provided to the patient when requested.
 - v. Copies should be delivered in the method specified on the patient's request form. The patient may pick up the copies or request that they be delivered by mail or electronically. In providing an individual with electronic or hard copies of their protected health information-through web-based portal, email, on portable electronic media or by other means - reasonable safeguards must be put in place to protect the information from unauthorized disclosure in transit. Any foreseeable risk based upon the method of delivery requested by the patient should be explained to the patient and his/ her informed consent documented.
- b. Summaries or Explanations- The following additional items should be provided if the patient requests the items or agrees to our request to provide the items:
 - i. A summary of the requested information instead of, or in addition to, providing access to inspect or copy the information;
 - ii. An explanation of the PHI contained in the requested records. This explanation should be given to the patient when s/he inspects the records when the copies of the records are provided to the patient. If the patient's request to access information is denied, appropriate staff must provide the patient with a summary of the information that the patient is not permitted to access. All summaries and explanations must be added to the patient's medical record.

3. Access to Third Parties- Patients may request that their protected health information be sent directly to a third party.
 - a. Requests must be made in writing and signed by the patient.
 - b. Requests should clearly identify the third party, the format in which the information is to be sent, the method/manner of delivery and where the information should be sent.
 - c. The same 30 day response time applies as well as any applicable fees described in sections V.B and V.C.5., respectively.
4. Duplicate Information- If the same PHI is maintained in more than one designated record set, appropriate staff must only produce the PHI once, in response to the patient's request. Access need not be provided to records that merely duplicate identical information, unless the second record provides any additional information.
5. Collection of Fees- The fees charged will be limited to the actual labor, material costs of copying records, mailing costs (if mailed) and preparation of explanation/summary (if requested).

This fee will not include the following costs:

- Verification
- Documentation
- Search/retrieval of PHI
- Maintaining systems
- Recouping capital

Also, no fees will be charged for:

- Providing access via the electronic medical record.
- Administrative overhead costs of outsourcing access requests to an outside vendor.
- Viewing and inspecting PHI only. A reasonable time and place must be arranged to inspect PHI. The individual may take notes, take pictures of the PHI and use other personal resources to capture the information.

NYS Exception to the Collection of Fees –

SUNY DMC **will not** charge patients for medical record requests when these records are requested for the purpose of supporting an application, claim or appeal for any government benefit or program (i.e. SSDI, Medicaid, etc). The law applies to requests made by “qualified persons” such as patients, parents/guardians, Article-81 appointed guardians, conservators and attorneys acting on behalf of their clients.

The form will ask the requestor to supply a reason for making the request and one of the reasons will be “government benefits”. Requestors who mark off this choice will not be charged for their records. For all other requestors, the authorization form notifies the patient of the relevant fees. An estimated cost will only be provided to the patient for approval before proceeding with preparing a summary or explanation which is dependent upon the number of hours and the physician's consult rate.

The patient will not be denied access due to genuine inability to pay costs. An indigent patient will be referred to Patient Relations who, in conjunction with

Social Services, will make a determination and inform the appropriate department.

The **average cost method** was used to derive the following costs for producing copies of medical records:

- a. Copies- There will be a charge for each page photocopied. Fees are as follows:
 - i. 0.39 per page for the first 200 pages
 - ii. \$0.12 per page for the first 201-400 pages
 - iii. Free for pages over 400
- b. Electronic Media- The cost of supplies for creating the physical media such as compact disc (CD), USB/flash drive or sending an email, if requested by the patient, will be a flat fee of \$6.50 per media device.
- c. Mammograms- There will be a flat \$6.50 charge for recovering the costs of furnishing an original mammogram. No fee will be charged for making a copy of the mammogram for the hospital's future use.
- d. Summaries and Explanations- The charge will depend on the number of hours required to prepare the summary or explanation times the physician's hourly rate for consults.

D. Denying Access

1. Reasons for Denial- A patient's request to access his/her information may be denied under the following circumstances:
 - a. The request is not in writing, in original form;
 - b. The information requested is not contained in a designated record set maintained by SUNY Downstate or any of its business associates;
 - c. The information was obtained from someone other than a healthcare provider and :
 - i. SUNY Downstate agreed to keep the identity of that person confidential;
 - ii. It is determined that providing the patient with access to the information requested would reveal the identity of that person.
 - d. An authorized officer from a correctional institution certifies that granting an inmate's request to **copy** his/her information would:
 - i. Jeopardize the health, safety, security, custody or rehabilitation of that inmate or other inmates;
 - ii. Jeopardize the safety of any other person at the correctional institution, including those supervising or transporting inmates. However, the inmate's request to **inspect** his/her information cannot be denied under these grounds.
 - e. A licensed healthcare professional determines that granting the patient's request is reasonably likely to endanger the life or physical safety of the patient or another person. The request cannot be denied because the information is sensitive or has the potential to cause emotional or psychological harm to the patient or another person.
 - f. The information requested refers to another person and a licensed healthcare professional has determined that granting the patient access to this information is reasonably likely to cause substantial physical, emotional or psychological harm to that other person (Ex: Group therapy notes). However, access cannot be denied if the person who may be harmed is a healthcare provider.

- g. A patient requests access to their psychotherapy notes, which are the personal notes of the mental health care provider.
 - h. A patient requests access to information compiled in reasonable anticipation of a civil, criminal or administrative proceeding.
- 2. Summaries- If the patient's request for direct access to his or her information is denied for one of the reasons above, appropriate staff must provide the patient with a summary of the information in lieu of direct access.
- 3. Partial Denial- If only a part of the PHI requested is denied, appropriate staff must provide the patient with the rest of the information after excluding the parts that cannot be inspected or copied.
- 4. Notice of Denial- Appropriate staff must notify the patient, in plain language, of a denial within the specified timeframe. See Notice of Denial Letter attached to this policy.
 - a. Appropriate staff must indicate the grounds for the denial;
 - b. If the request is denied because the information is not maintained in the designated record set, appropriate staff must state any known information about where the patient may obtain access to the requested records.
 - c. If the requested information is only partially denied, appropriate staff must explain in the Denial Letter what information the patient will and will not be able to access.
 - i. If the patient requested to inspect the records, the letter should include instructions about how the patient may schedule an appointment to inspect the permitted information.
 - ii. If the patient requested copies of the records, appropriate staff should include the copies of the permitted information together with the partial denial letter.
 - d. The patient must be informed of their right to have the decision reviewed and how to request such a review. The patient must also be informed about their right to complain to DMC or the HHS Office for Civil Rights.
- 5. Unreviewable grounds for denial – Under the following circumstances, a patient is not eligible for appealed review of their denial:
 - i. The request is for psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a legal proceeding.
 - ii. An inmate requests a copy of his/her PHI that was provided under the direction of a correctional institution, and providing a copy would jeopardize the health, safety, security, custody, or rehabilitation of that inmate or other inmates, or the safety of correctional officers, employees or other person at the institution or responsible for transporting the inmate. (However, in these cases the inmate may still retain the right to inspect their PHI).
 - iii. The requested PHI is in a designated record set that is part of a research study that includes treatment (e.g., clinical trial) and is still in progress, provided the individual agreed to the temporary suspension of access when consenting to participate in the research. The individual's right of access is reinstated upon completion of the research.
 - iv. The requested PHI is in Privacy Act protected records (i.e., certain records under the control of a federal agency, which may be maintained by a federal agency or a contractor to a federal agency), if the denial of access is consistent with the requirements of the Act.

- v. The requested PHI was obtained by someone other than a health care provider (e.g., a family member of the individual) under a promise of confidentiality, and providing access to the information would be reasonably likely to reveal the source of the information.

7. Reviewable grounds for denial:

- i. The access requested is reasonably likely to endanger the life or physical safety of the individual or another person. This ground for denial does not extend to concerns about psychological or emotional harm (e.g., concerns that the individual will not be able to understand the information or may be upset by it).
- ii. The access requested is reasonably likely to cause substantial harm to a person (other than a health care provider) referenced in the PHI.
- iii. The provision of access to a personal representative of the individual that requests such access is reasonably likely to cause substantial harm to the individual or another person.

8. Review Process- If access is denied (and does not meet the criteria listed above as unreviewable), the patient may appeal the decision by seeking review according to the following procedures:

- a. First Level of Review- The Medical Records Committee should be called into executive session to review the denial of access. The attending physician must attend the Medical Records Committee session.
 - i. A response should be given to the HIM Director within 10 business days.
 - ii. HIM staff must notify the patient of the results of the review. See Notice of Denial Review Letter attached to this policy.
 - iii. If, as a result of the review, access is permitted, Section IV.C. should be followed.
 - iv. If, as a result of the review, access is denied, the patient should be provided, together with the Notice of Denial Review letter, the New York State Department of Health form for appealing the decision.
- b. Second Level of Review- If access is denied after the first level of review, the patient is entitled to seek a second level of review by a committee appointed by New York.
 - i. A coordinator from the State, known as an API coordinator, will contact the HIM department and the appropriate state review committee.
 - ii. HIM staff must send the patient's information that is in dispute, together with the denial notice and any further explanation, to the API coordinator within 10 days after receiving notification from the API coordinator.
 - iii. If the state review committee decides that access should be granted, Section IV.C. should be followed.
 - iv. If the state review committee decides that access should be denied, the committee will inform the patient of any opportunity to seek judicial review in the court system.
- c. Third Level of Review- In some cases, the patient may be entitled to seek a third level of review by appealing the decision to the court system for judicial view or the HHS Office for Civil Rights.
 - i. HIM staff must inform the Risk Manager upon receiving notification that a patient has sought judicial review.
 - ii. The Risk Manager will provide further instruction to HIM staff.

E. Access by Personal Representatives- The same procedures for granting or denying access to patients should apply to personal representatives. Additional documentation must be provided and attached to the written request in order to grant access to the following personal representatives:

1. Distributee of a deceased subject for whom no personal representative exists must provide a:
 - a. Certified copy of the patient's death certificate; and
 - b. Notarized affidavit containing the following or substantially similar attestations:
 - i. "I am a distributee of the named decedent's estate as the term 'distributee' is used in §18 of the New York Public Health Law and defined by §1-2.5 of the New York Estates, Powers and Trusts Law" and
 - ii. "No 'personal representative', as that term is defined by §1-2.13 of the New York Estates, Powers and Trusts Law, has been appointed for the deceased subject names herein."
2. Attorney who holds a power of attorney from a qualified person or the patient's estate must provide a copy of the power of attorney that explicitly authorizes the attorney to request access to patient information. Access to PHI must be subject to the duration and terms of the power of attorney.

F. Denial of Access by Personal Representatives- Access should be denied in the following circumstances:

1. Patient Would Otherwise Be Denied Access- If the patient would normally be denied access under Section IV.D., the personal representative should not receive access, unless the attending physician certifies that:
 - a. The patient lacks the capacity to make healthcare decisions on his/her own; and
 - b. The personal representative must be given access to the patient's information in order to make healthcare decisions on behalf of the patient.
2. Patient Objects- Appropriate staff, in conjunction with the attending physician, should notify any patient over the age of twelve years when a personal representative requests access to sensitive information related to:
 - a. HIV information
 - b. Mental health information
 - c. Developmental disability information
 - d. Alcohol and drug abuse information
 - e. Sexually transmitted disease (STD) information
 - f. Pregnancy results
 - g. Genetic screening If the patient objects to the personal representative's access, appropriate staff must notify the personal representative of the denial.
3. Harm to Patient- The personal representative may be denied access if a licensed healthcare provider determines that granting such access is reasonably likely to cause substantial harm to the patient or another person. Appropriate staff must notify the personal representative of the denial.
4. Detrimental Effect From Access by Parent or Guardian- A parent or guardian of a minor may be denied access to the minor's PHI if the attending physician certifies that such access would have a detrimental effect on:

- a. The physician's or Downstate's professional relationship with the minor;
- b. The care or treatment of the minor; or
- c. The minor's relationship with his/her parents or guardian. Appropriate staff must notify the personal representative of the denial.

G. Documentation- The appropriate department must retain the following documentation in connection with any request for access for six years from the date of creation:

- 1. The request for access (Authorization form);
- 2. Copies of any notices explaining that the hospital requires an extension of time to arrange for the access requested (Extension Notification form);
- 3. Copies of any notices advising of fees that may be charged for providing summaries and/or explanations (Fee Estimate for Summaries and/or Explanations form);
- 4. Copies of any notices of denial sent to the patient (Notice of Denial Letter);
- 5. Copies of any notices of denial review results sent to the patient (Notice of Denial Review Letter).

II. Attachments- Authorization Form, Extension Notification, Fee Estimate for Summaries and/or Explanations, Notice of Denial Letter, Notice of Denial Review Letter

III. References- Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.524, NY Public Health Law §18, Office of Civil Rights Guidance and FAQ's on Access

	Revision	Required	Responsible Staff Name and Title
July 2017	Yes	No	Zhanna Kelley, Senior Compliance Manager
October, 2017	Yes	No	Zhanna Kelley, Senior Compliance Manager



HIPAA AUTHORIZATION FORM

Person/organization disclosing the information:		
Patient Last Name, First Name:	Maiden or Other Name:	Patient Date of Birth:
Patient Address:		
City, State & Zip:	Telephone: (Area Code and Number)	Medical Record Number:
By initialing here _____, I authorize SUNY Downstate Medical Center to discuss my health information with the following individual.		
Name, address and telephone number of person or entity to whom this information will be sent:		
<input type="checkbox"/> Check here if same as above. <input type="checkbox"/> Check here if the person or entity is another healthcare provider.		
Name: _____		
Address: _____		
Phone #: _____		
Specific information to be released:		
<input type="checkbox"/> Medical record from (insert date) _____ to (insert date) _____. <input type="checkbox"/> Entire Medical Record, including patient histories, office notices (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other _____		
New York State regulations (NY Public Health Law S 2782(1)(b)) require a special authorization for release of information regarding mental health, any HIV-related condition (including HIV-related test, illness, AIDS, or any information indicating potential exposure to HIV) or drug and alcohol abuse.		
Do you want the following types of records included: <i>(indicate by checking the line and initialing)</i>		
<input type="checkbox"/> Alcohol and Drug Treatment _____ <input type="checkbox"/> Mental Health Information _____ <input type="checkbox"/> HIV-Related Information _____		
This information is being used or disclosed for the following purposes:		
	<input type="checkbox"/> Patient Request <input type="checkbox"/> Treatment <input type="checkbox"/> Insurance/ Payment <input type="checkbox"/> Legal <input type="checkbox"/> Government Benefits <input type="checkbox"/> Other: _____	

HIPAA AUTHORIZATION FORM- PAGE 2

What type of access are you requesting?

- | | | |
|--|---|---|
| <input type="checkbox"/> Schedule physical inspection of records
<input type="checkbox"/> Obtain copy of the records (paper or electronic)- specify format below: | <input type="checkbox"/> Obtain summary of records
<input type="checkbox"/> Send by mail
<input type="checkbox"/> Encrypted email | <input type="checkbox"/> Obtain explanation of records
<input type="checkbox"/> CD
<input type="checkbox"/> Electronic portal |
| <input type="radio"/> Pick up
<input type="radio"/> Regular email*
<input type="radio"/> USB Drive | <input type="radio"/> Send by mail
<input type="radio"/> Encrypted email | <input type="radio"/> CD
<input type="radio"/> Electronic portal |

If requesting records to be emailed, please specify email address: _____

**Regular, un-encrypted email is not secure and could result in your medical records being intercepted, read and copied during transmission or while being stored in your inbox. By signing this notice, you are acknowledging that you're aware of and accepting the risk by requesting your medical records to be sent via regular email.*

Fees: Photocopies: \$0.39/page for first 200 pages; \$0.12/page for pages 201-400; Free for >400 pages.
 Electronic media/ Email: Flat fee of \$6.50
 Mammograms: Flat fee of \$6.50
 Summaries/ Explanations: Dependent upon number of hours and physician hourly consult rate.
 (Fees do not apply to requests for medical records in support of an application for government benefits).

Summaries/ Explanations: Dependent upon number of hours and physician hourly consult rate.

- By signing this authorization form, you authorize the use or disclosure of your protected health information as described above. This information may be re-disclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information.
- If you are authorizing the release of HIV-related information, you should be aware that the recipient(s) is prohibited from re-disclosing any HIV-related information without your authorization, unless permitted to do so under Federal and State law. If you experience discrimination because of the release of disclosure of HIV-related information, you may contact the New York State Division of Human Rights at (212) 870-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.
- You have a right to refuse to sign this authorization. Your healthcare, the payment for your healthcare and your healthcare benefits will not be affected if you do not sign the form.
- You have a right to receive a copy of this form after you sign it.
- You have the right to revoke this authorization at any time, except to the extent that action has already been taken based upon your authorization. To revoke this authorization, please write to:

**SUNY Downstate Medical Center
 Health Information Management Department
 450 Clarkson Avenue, MSC #119
 Brooklyn, NY 11203**

I understand that this authorization will expire in 6 months from the date this form is signed, unless otherwise stated below: Expiration Date/Event: _____

By signing below, I certify that I am requesting access to my health information in the manner described above and I will be contacted about fees prior to the execution of my request for medical records.

 Print Name of Patient/Personal Representative

 Signature of Patient/Personal Representative

 Description of Personal Representative's Authority

 Date



EXTENSION NOTIFICATION

[Date]

[Patient Name]
[Street Address 1]
[Street Address 2]
[City, State Zip Code]

Re: Request For A Copy Of Health Information

Dear [Patient Name]:

This letter responds to your request for a copy of your health information, which we received from you on _____.

We have been working hard to determine whether we can grant your request. We are usually able to process requests for copies within thirty (30) days. However, for the following reason(s), we need an additional 30 days to respond to your request for copies of these records:

- We are still working to access the information you requested.
- We are still working to prepare the information you requested.
- We are still working to determine whether all or part of your request may be granted.

We expect to have a final answer for you no later than _____. If additional time is required, we will notify you again.

Please contact the _____ Department of SUNY Downstate Medical Center University Hospital of Brooklyn at (718)270-_____ if you have questions or concerns about this delay.

Sincerely,

_____ Department



FEE ESTIMATE FOR SUMMARIES AND/OR EXPLANATIONS

[Date]

[Patient Name]
[Street Address 1]
[Street Address 2]
[City, State Zip Code]

Re: Request For Access to Health Information

Dear [Patient Name]:

This letter responds to your request to access your health information, which we received from you on _____.

We have determined that the following fees will apply if we process your request:

- A fee of \$ _____ will be charged to prepare a summary of the information for you. We estimate that the preparation will take ___ hour(s).
- A fee of \$ _____ will be charged to prepare an explanation of the information for you. We estimate that the preparation will take ___ hour(s).

We want you to know that you have the following options. Please check the appropriate box and return within thirty (30) days to SUNY Downstate Medical Center University Hospital of Brooklyn, _____Department- Box #_____, 450 Clarkson Ave., Brooklyn, NY 11203.

- Proceed with my request. I have enclosed the fee provided in this letter.
- Withdraw my request. I will pay no fee.
- Modify my request to reduce the applicable fee. Specify modification of request:

If we do not hear from you within thirty (30) days, we will assume that you have decided to withdraw your request.

_____ Department



NOTICE OF DENIAL LETTER

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Denial of Request To Access Health Information

Dear [Patient Name]:

This letter responds to your request to access your health information, which we received from you on _____. For the reasons stated below, we are denying your request for access to all or part of this information:

- The request was not in writing.
- The information requested is not available in records we use to make decisions about your treatment or benefits. However, this information may be available in records maintained by _____ at the following telephone number _____.
- We have obligations to other parties to keep the information you requested confidential. Our staff has determined that granting your request would violate our confidentiality obligations.
- An authorized officer from a correctional institution has certified that granting your request to copy your information would jeopardize the health, safety, security, custody or rehabilitation of you or another person.
- We believe that granting your request is reasonably likely to endanger a person's life or physical safety.
- The information you have requested refers to another person (who is not a health care provider) and we believe that granting your request is reasonably likely to cause substantial harm to that other person.
- You are the patient's personal representative, and we believe that granting your request is reasonably likely to cause substantial harm to the patient or a third person.
- The form/format in which you requested the information is not readily producible. Please contact us to identify an alternatively acceptable form/ format for the information.

This denial applies to ALL or PART of the information you requested. We will provide you with a summary of any information we cannot permit you to access. If we are denying only

part of your request, you will be given complete access to the remaining information after we have excluded the parts which we cannot permit you to access.

You have the right to have this decision reviewed by licensed health care professionals not directly involved in our initial decision to deny your request. If you want to exercise this right, please check the box at the bottom of this form, sign and return to:

SUNY Downstate Medical Center University Hospital of Brooklyn
Department of Health Information Management- Box #119
450 Clarkson Ave.
Brooklyn, NY 11203

We will comply with the health care professionals' decision. If the health care professionals agree with our decision, you will have the opportunity to seek further review by a special committee appointed by the State of New York.

If you believe that we have improperly handled your request to access your protected health information, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, please contact the Department of Patient Relations at (718) 270-1111. *No one will retaliate or take action against you for filing a complaint.*

I would like to have your denial reviewed by licensed healthcare professionals, as stated above.

Signature of Patient or Personal Representative

Date



NOTICE OF DENIAL REVIEW LETTER

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Denial of Request To Access Health Information- Results of Review

Dear [Patient Name]:

This letter notifies you of the results of the review provided by licensed health care professionals who were not directly involved in our initial decision to deny your request to access your protected health information. The health care professionals who reviewed your request have reached the following conclusion.

- Your request was properly denied for the reason provided in the hospital's initial notice.
- Your request was improperly denied for the reason provided in the hospital's initial notice, but is properly denied for another reason, which is _____.
- Your request was properly denied with respect to part of the information. The request was not properly denied for another part of the information. Please contact the Correspondence Unit at (718) 270-1845 to set up an appointment to inspect the information which you are entitled to access. If you have requested copies, we will provide them in the manner requested on your initial request form after we have removed the information that we cannot permit you to access.
- Your request was improperly denied. Please contact the Correspondence Unit at (718) 270-1845 to set up an appointment to inspect the information. If you have requested copies, we will provide them in the manner requested on your initial request form.

You have the right to have this decision reviewed by a committee appointed by the State of New York. If you want to exercise this right, please complete the form included with this letter and send it to the address provided on the form.

If you believe that we have improperly handled your request to access your protected health information, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, please contact the Department of Patient Relations at (718) 270-1111. *No one will retaliate or take action against you for filing a complaint.*