



SAINT LOUIS UNIVERSITY

ACCESS TO INSPECT AND COPY

Policy Number: OUC-031

Version Number: 2.0

Effective Date: 04/14/2003

Responsible University Official: Privacy Officer

Approved By: Executive Staff

Legal and Compliance Committee

1.0 INTRODUCTION

Saint Louis University (hereinafter the “University”) is committed to provide services in compliance with all state and federal laws governing its operations, incorporating the highest levels of business and professional ethics. With few exceptions, the Privacy Rule gives patients the right to inspect and obtain a copy of health information about themselves maintained in a “designated record set.”

2.0 PURPOSE

The purpose of this policy is to provide guidance to employees and the organization in regards to responsibilities covering the rights of patients and personal representatives to access, inspect and obtain a copy of their protected health information (PHI).

3.0 PERSONNEL AFFECTED

This policy applies to all regular full-time and part-time faculty and staff and volunteers within all divisions of the University, including employees, professional staff members, residents, agents, representatives and consultants who are tasked with providing access to or copies of patients’ protected health information.

4.0 DEFINITIONS

Designated Record Set (DRS): A group of records that is maintained, collected, used or disseminated by Saint Louis University. It includes, but is not limited to:

- Medical records and billing records about individuals maintained by or for a covered entity;
- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan;
- Information used, in part or in whole, to make decisions about individuals;
- Research activities documented only in a research record are not considered part of the SLUCare Designated Record Set and should not be documented and retained as such.

Personal Representative: Any adult that has decision-making capacity and who is willing to act on behalf of the patient. One who has authority by law or by agreement from the individual receiving the treatment to act in the place of the patient. This includes parents, legal guardians, or properly appointed agents or individuals designated by state law.

Protected Health Information (PHI): Any individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual's health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

Workforce: Employees, volunteers, trainees, contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity, who have access to confidential information.

5.0 POLICY

1. Saint Louis University will take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in a designated record set in a timely and professional manner.
2. Individuals may request to access, inspect, and/or obtain a copy of their protected health information that is maintained in a designated record set. In instances where the protected health information is in more than one record set, or at more than one location, the University will only produce the protected health information once in response to the request for access.
3. Individuals do not have the right to access the following types of information:
 - a) Psychotherapy notes;
 - b) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - c) Protected health information that is:
 - i. Subject to the Clinical Laboratory Improvements Amendments of 1988, pursuant to HIPAA regulation 493.3(a), to the extent the provision of access to the individual would be prohibited by law;
 - ii. Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to HIPAA regulation 493.3(a)(2)
4. The Medical Records Department is responsible for receiving and processing requests for access to protected health information maintained (e.g. Health Information

Management/ROI). Designated individuals may be assigned this task for non-primary medical record locations (e.g. Student Health, CADE).

6.0 PROCEDURES

1. Individuals will be required to direct requests for access, inspection, or a copy of protected health information to Medical Records and complete an Access Request Form.
2. The individual will be informed that a request for access is required to be in writing.
3. An appropriate request from an individual regarding protected health information using the required Access Request Form, will, within reasonable time period, be reported, along with the form, to Medical Records personnel with appropriate access clearance to protected health information.
4. Medical Records personnel will inform the individual where to direct the request for access if it does not maintain the requested protected health information and knows where the requested information is maintained.
5. Upon receipt of a request, Medical Records will act on the request by
 - a. Informing the individual of the acceptance and providing the access requested or
 - b. Providing the individual with a written denial in accordance with policy.
6. Action taken pursuant to procedure 4 must be taken:
 - a. No later than 30 days after the request is made.
7. If the University cannot take action on a request for access to protected health information within the relevant time periods, the University may extend the time required by 30 days.
8. Medical Records will access the individual's protected health information using proper access and authorization procedures.
9. The individual will be allowed access, inspection, and/or copies of the requested protected health information in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.
10. Saint Louis University will provide the individual with access to the protected health information in the form or format requested by the individual, if it is readily producible in such form or format.
11. If the requested format is not readily producible, then the University will provide the individual with access to the protected health information in a readable hard copy form or such other form as agreed to by the individual.

12. If requested by the individual, the University will arrange with the individual for a convenient time and place to inspect or obtain a copy of the protected health information, or mailing of protected health information, or mailing of protected health information, within a specified time period.
13. A summary of the requested protected health information will be provided in lieu of access to the information only when the individual agrees in advance to a summary, and to any related fees imposed.
14. An explanation of the requested protected health information to which access has been provided will accompany the access only when the individual agrees in advance to a summary, and to any related fees imposed.
15. If a summary or explanation of the requested information is to be prepared, such summary or explanation will be completed only by Health Information Management, or other applicable personnel with appropriate access clearance.
16. Health Information Management personnel will appropriately document the request and delivery of the protected health information.
17. Any fees imposed on the individual for a copy of the protected health information or a summary or explanation of such information will:
 - a. Be collected by Medical Records at the time of receipt of the request and the proper completion of the request form.
 - b. Be reasonable and cost based;
 - c. Will be only for the cost of the following:
 - i. Copying, including the cost of supplies for and labor of copying, the protected health information requested by the individual;
 - ii. Postage, when the individual has requested the copy, or the summary or explanation, be mailed; and
 - iii. Preparing an explanation or summary of the protected health information.
18. Saint Louis University will document and retain designated record sets that are subject to access by individual for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.
19. Knowledge of a violation or potential violation of policy must be reported to the Privacy Officer, Compliance Department, or the Compliance Hotline.

7.0 SANCTIONS

Individuals who fail to comply with this policy and the procedures associated with it will be subject to disciplinary actions guided by the University's Staff Performance Management Policy, Faculty Manual, or Student Guidelines.

Non-compliance in this Policy can result in disciplinary action, including but not limited to, restricted incentive payments, suspension or termination. It may also result in the enforcement of a corrective action plan, as well as notification of the suspected misconduct and/or violation to government regulatory agencies.

This Policy does not limit the University’s ability to impose greater sanctions or impose immediate action against serious violations. Disciplinary actions appropriate to the severity of the infraction will be carried out as needed.

8.0 CHANGES TO THIS POLICY

Changes to this policy may be necessary from time to time. At a minimum, the policy and all other program policies, procedures and guidelines will be reviewed on an annual basis.

9.0 RELATED POLICIES AND DOCUMENTS

- Authorization for Disclosure
- Authorization for Use and Disclosure of Psychotherapy Notes
- Authorization for Disclosure (form)

REVISION HISTORY

EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
4/14/2003	1.0	New Policy
7/01/2008	1.1	Review & Format Change
2/27/2015	1.2	Review & Format Change
	2.0	Ownership Shifted from Provost to General Counsel