



THE UNIVERSITY OF NORTH CAROLINA
AT CHAPEL HILL

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
ACCESSING, INSPECTING AND OBTAINING A COPY OF PROTECTED HEALTH
INFORMATION (PHI)**

Policy:

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), individuals have the right to access, inspect, and obtain a copy of their Protected Health Information (PHI).

The University of North Carolina at Chapel Hill (UNC-Chapel Hill) health care providers are committed to allowing individuals to exercise their rights under HIPAA and other applicable federal and state laws and will take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their health information in a timely and professional manner.

Individuals do not have the right to access the following information, **and a denial of access is not subject to review:**

- ❖ psychotherapy notes;
- ❖ information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- ❖ information maintained by a provider that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 USC 263a, to the extent the provision of access to the individual would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2);
- ❖ information obtained from someone other than a health care provider under a promise of confidentiality, if the access requested would be reasonably likely to reveal the source of the information.

Where information is created or obtained by UNC-Chapel Hill in the course of research that includes treatment and the individual has agreed to the temporary denial of access when consenting to participate in the research, the individual's right to access is suspended for as long as the research is in progress. In such cases a denial of access is not subject to review.

In denying access in whole or in part, to the extent possible, HIM personnel will give the individual access to any other PHI requested, after excluding the PHI that was denied.

Individuals do not have the right to access the following information, but a denial of access may be reviewed by a UNC-Chapel Hill licensed health care professional who has been designated by the Covered University Unit in the following situations:

- ❖ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested (by the individual or their personal representative) is reasonably likely to endanger the life or physical safety of the individual or another person; or
- ❖ The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.

Procedure:

1. An individual must direct requests for access, inspection, or a copy of his/her PHI to the Health Information Management (HIM) department and complete a form requesting access, inspection or a copy of his/her PHI.
2. Upon receipt of a request, HIM personnel will review the request and the medical record. If, in their professional judgment, there is a risk that access to information contained in the medical record may cause harm to any individuals, HIM personnel will forward the request and the medical record to a designated licensed health care professional for determination of whether the access can safely be granted.

3. HIM personnel will respond to the request no later than 30 days after the request is made or, if the request is for PHI that is not maintained or accessible on-site to the UNC-Chapel Hill provider, no later than 60 days after the request.
4. The individual will be allowed access, inspection, and/or copies of the requested PHI in a secure and confidential manner. A University representative may be present while an individual reviews his/her PHI to ensure that no information is removed, altered, or destroyed.
5. A summary or written explanation of the requested PHI 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.
6. When denying an individual access to PHI, the denial will:
 - ❖ be written in plain language;
 - ❖ contain the basis for the denial;
 - ❖ contain the following statement, *if applicable*:
THE INDIVIDUAL HAS THE RIGHT TO HAVE THE DENIAL REVIEWED BY A LICENSED HEALTH CARE PROFESSIONAL WHO HAS BEEN DESIGNATED BY THE COVERED UNIVERSITY UNIT TO ACT AS A REVIEWING OFFICIAL AND WHO DID NOT PARTICIPATE IN THE ORIGINAL DECISION. INDIVIDUALS MAY EXERCISE THEIR REVIEW RIGHTS BY INFORMING THE HIM DEPARTMENT IN WRITING; and
 - ❖ contain a description of how the individual may complain to UNC-Chapel Hill pursuant to its complaint procedures or to the HHS Secretary.
7. If requested and applicable, the review of a denial will be conducted by a licensed health care professional who is designated by the Covered University Unit to act as a reviewing official and who did not participate in the original decision to deny. The designated reviewing official will be determined on a case-by-case basis by the Privacy Officer of the covered University unit. The decision on review will be provide in writing to the individual.
8. HIM personnel will appropriately document the request and delivery or denial of the PHI in the administrative section of the individual's medical record maintained in the HIM department.
9. UNC-Chapel Hill will document and retain PHI that is subject to access by individuals 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.
10. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer.

Reference: 42 CFR Sec. 164.524

THE UNIVERSITY OF NORTH CAROLINA



AT CHAPEL HILL

REQUEST TO ACCESS, INSPECT AND/OR OBTAIN
A COPY OF HEALTH INFORMATION

Patient Name		Request Date:	
PID/Medical Record#		Address:	
DOB:		City, State, Zip	
		Telephone:	

I would like:	
<input type="checkbox"/>	Access to my health information: Entire Record Billing Information Dates to Other :
<input type="checkbox"/>	A copy of my health information (THERE IS A FEE FOR COPIES)
<input type="checkbox"/>	A summary of my health information (THERE IS A FEE FOR A PREPARED SUMMARY)
<input type="checkbox"/>	A written explanation of my health information (THERE IS A FEE FOR A WRITTEN EXPLANATION)

Please indicate the means by which you wish to inspect or obtain a copy of the requested information:

FAX #	ADDRESS:	OTHER:
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I understand that I do not have the right to access and obtain a copy of the following:

	<ul style="list-style-type: none"> ❖ Psychotherapy notes; ❖ Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; ❖ Health information maintained by a provider that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 USC 263a, to the extent the provision of access to the individual would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2); ❖ Health information obtained from someone other than a health care provider under a promise of confidentiality, if the access requested would be reasonably likely to reveal the source of the information; and ❖ Health information created or obtained by UNC-Chapel Hill in the course of research that includes treatment; access is suspended for as long as the research is in progress, provided that the individual has agreed to the temporary denial of access when consenting to participate in the research.
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I understand that access to my health information may also be denied in the following circumstances, but I am entitled to a review of the denial by a reviewing official designated by the UNC-Chapel Hill health care provider:

	<ul style="list-style-type: none"> ❖ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person; ❖ The Protected Health Information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or ❖ The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
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This request will be granted within 30 days(or 60 days if the health information is located off-site). If the UNC-Chapel Hill health care provider requires an additional 30 days to process the request, it will provide a written statement to the requesting individual within the original deadline, explaining the reason(s) for the delay and the date by which the provider will respond.

Signature of Patient or Legal Representative	Date
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Initials of HIM staff _____ Date processed _____ Denied/Approved _____ 1st Reviewer: _____ Disposition: Summary/Explanation/Access/Copy Date of disposition: _____	2 nd reviewer _____ Disposition of 2 nd review _____ Written report of review sent (date/initials) _____ <i>This form and other written materials related to this request are to be included in the individual's medical record, maintained in the Health Information Management department.</i>
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