

UC Riverside, School of Medicine Policies and Procedures

Policy Title: Patient Access to Medical

Policy Number: 950-02-032

Responsible Officer:	Chief Compliance & Privacy Officer
Responsible Office:	Compliance Advisory Services
Origination Date:	05/01/2013
Date of Revision:	08/30/2024
Scope:	UCR Health

I. Policy Summary

Under federal and state laws, patients have the right to inspect and receive copies of certain health care information about themselves. This Policy describes the process by which UCR Health patients may exercise their rights to access the medical records and Designated Record Set that UCR Health holds.

II. Definitions

A. Designated Record Set (DRS) - a group of records that includes Protected Health Information (PHI) and is maintained, collected, used or disseminated by or for a covered entity for each individual that receives care from a covered entity and is inclusive of:

1. The medical records and billing records about individuals maintained by or for a covered health care provider (can be in a business associate’s records);
2. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
3. Used, in whole or in part, by or for the covered entity to make decisions about individuals.

B. Medical records - records relating to the health, history, diagnosis, or condition of a health care provider’s patient, or relating to the treatment provided or proposed to be provided to the patient. Medical records typically are a subset of an individual’s Designated Record Set.

III. Policy Text

A. UCR Health will provide patients, or their legally designed representative with an opportunity to access, inspect and obtain a copy of their Designed Record Set.

1. Patients may request and download their records via a patient portal account.
 - a. Some sensitive service information is not available in the patient portal unless specifically requested in writing by the patient or a legally designated representative.
 - b. Requests for records not available in the patient portal, or to be furnished in paper or alternative electronic formats, should be submitted in writing to University of California Riverside Health Correspondence, Health Information Management Department, 900 University Avenue, Mail Code 423, Riverside, California 92521. Forms to request medical records are available on the UCR Health website and from each UCR Health clinic. An on-line process for record requests may be available in the future.

B. UCR Health work force members who are seeking access to or copies of their own medical records or that of their family members must adhere to the process described in this Policy.

C. UCR Health will charge a reasonable, cost-based fee for copying (including supplies and labor), postage and, if requested, the cost of summarizing the information in the records.

D. UCR Health is not required to provide access to the following:

1. Psychotherapy notes
2. Mental health records of a minor that are requested by a parent or guardian if the minor has been removed from the parent or guardian’s physical custody, absent a specific court order

3. Information compiled in anticipation of civil, criminal or administrative action or proceeding
 4. Oral communications
 5. Requests from an inmate of a correctional institution, if release of the information would jeopardize the health, safety, security, custody or rehabilitation of the individual, another inmate, or an officer or employee of the correctional institution or who is otherwise responsible for transporting the inmate
 6. Phi that has been created or obtained in the course of research that includes treatment and, in the research consent process, the individual has agreed they will not be allowed access to that phi so long as the research is in progress
 7. Information restricted by the federal privacy act
 8. Information obtained from a third party under a promise of confidentiality and access would be likely to reveal the information source
 9. Alcohol, drug, or substance abuse records, if disclosure is limited by federal law
- E.** As long as the individual is allowed a review of the denial, UCR Health may deny access to the Designated Record Set in the following circumstances:
1. A licensed health care professional has determined that access will present substantial risk of significant adverse or detrimental consequences to the patient.
 2. The requested information references another person (except a health care provider) and a licensed health care professional has determined that access is reasonably likely to cause substantial harm to the other person.
 3. The request is made by an individual's personal representative and a licensed health care professional has determined that access is likely to cause substantial harm to the individual or another person.
 4. The request is made by the legally authorized representative of a minor and a licensed health care professional determines that access would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being.
 5. The request is made by a parent of a minor when the parent has limited medical record access under California law, such as for an emancipated minor.
- F.** UCR Health can only deny access to that portion of the Designated Record Set described in III.D and III.E. To the extent possible, the individual is entitled to access to all other information.
- G.** If UCR Health denies access in response to a written request, UCR Health must provide a written denial to the individual, and the written denial must:
1. Be in plain language,
 2. Contain the basis for the denial,
 3. Include a description of how the individual may complain to UCR Health or the Secretary of the U.S. Department of Health and Human Services, and
 4. Include the name or title, telephone number of the UCR Compliance and Privacy Officer designated to receive complaints.
- H.** If access is denied and the individual requests a review of the denial as permitted by III.E, UCR Health will designate a licensed health care professional, who did not participate in the denial of the access decision, to act as a reviewing official. Within a reasonable time period, the reviewing official must decide, based on applicable standards, whether to deny access and provide the individual with a written determination.

- I. Unless limited under Section III.E of this Policy, the access rights of an individual under this Policy may be exercised by an authorized representative, such as a legal guardian, health care power of attorney, parent of an unemancipated minor, or individual identified pursuant to a written HIPAA Authorization.
- J. If UCR Health does not maintain the information, but knows where the information is maintained, UCR Health shall inform the requestor.
- K. Requests for access to records, copies of records and records of denial of access will be processed and maintained by the Health Information Management Department.

IV. Procedures

Process and Roles for Submitting and Fulfilling Information Requests:

A. Patient/Personal Representative

1. A patient may access their patient portal account and download applicable records.
2. Alternatively, a patient may submit a written request to inspect or receive copies of medical information via a completed Request for Access Form. Request for Access Forms are available on the UCR Health website and at each UCR Health clinic. A written letter including all information specified in the Request for Access also is acceptable.
3. All written requests should be directed to: **University of California Riverside Health Correspondence, Health Information Management Department, Mail Code 423, 900 University Avenue, Riverside, California 92521.**

B. Health Information Management/Release of Information Department (HIMD/ROI)

1. HIMD/ROI shall begin the process to provide electronic access to or obtain records, as requested, upon receipt of a completed Request for Access Form.
2. HIMD/ROI shall verify the requestor's identity prior to any disclosure permitted by this policy.
 - a. HIMD/ROI shall verify the signature of the patient or representative on the request.
 - i. Verification by may be accomplished by means of photo ID, such as a driver's license, CA state identity card, passport or other forms of picture identification.
 - b. HIMD/ROI shall determine if the records are those of a minor.
 - i. If the minor is under 12 years old, verify that the requestor has legal custody of the child and the child is not an emancipated minor.
 - ii. For a minor aged 12 years or older, determine whether the records contain services for which the minor must authorize the disclosure to a parent or other personal representative.
 - iii. Emancipated minors - Certain emancipated minors have control over their medical information and the parent cannot authorize access or disclosure.
 - c. Before providing copies of records, HIMD ROI shall verify the mail (or email) address of patient or personal representative to ensure the address matches the address in the registration system.
 - i. If not, confirm with patient by calling patient to verify the address.
 - ii. Notify registration department of address correction.
3. Review records to determine if access is requested for mental health records.
 - a. If the Request for Access is for mental health records, forward Request for Access to attending psychiatrist, psychologist, and/or resident to obtain written approval for access.

- b. The physician shall complete the applicable check boxes on the Request for Access to indicate approval or disapproval. If the clinician does not approve of the access request, the clinician must state the reason for disapproval.
 - i. If the physician indicates that access is reasonably likely to cause substantial harm harmful to the patient or another person, or would have a detrimental effect on the professional relationship between the health care provider and the patient, the physician should promptly contact HIMD/ROI for further instructions.
 - c. The completed form must be returned to HIMD/ROI within two (2) days.
 - d. If the physician does not approve the request for access, HIMD/ROI shall complete a written denial of request and send it to the patient/patient's representative.
4. If the request is for electronic copies of records, and the system is capable of providing an electronic copy (for example a CD of the medical record), the data must be provided electronically, encrypted with a password.
 5. Responses to written requests shall be consistent with following time frames:
 - a. Requests to access or physically inspect records must be granted or denied within 5 days of the request.
 - b. Copies of the medical records must be provided, or a written denial, within 15 days of the request, so long as any applicable fees are paid.
 6. Once a record request has been approved, HIMD/ROI shall prepare copies or schedule an appointment for the patient/patient representative to review the records. If the request is to "inspect" records, HIMD/ROI shall make arrangements for the inspection to occur in presence of staff to assure integrity of record.
 - a. Instead of record access, a summary of the requested information may be provided if the requestor agrees in advance to such summary or explanation and the specific fees imposed. The summary must be available within ten (10) working days from the request unless an extension is requested.
 7. Fees for copies will be in accordance with fee schedule that is developed consistent with state guidelines.
 8. Responses to written requests shall be consistent with following time frames:
 - a. Requests to access or physically inspect records must be granted or denied within 5 days of the request.
 - b. Copies of the medical records must be provided, or a written denial, within 15 days of the request, so long as any applicable fees are paid.
 - c. Access to other elements of the Designated Record Set located or maintained off-site and not readily accessible must be completed within 30 days.
 - d. A one-time delay of no more than 30 days is allowed but the requestor must be provided with a written reason for the one-time delay and a specific date when action on the request will be taken.

V. Related Information

California Health & Safety Code sections 123100 - 123149.5

45 CFR section 164.524

California Evidence Code section 1563

California Code of Civil Procedure section 2020.430

VI. Revision History

Original – May 2013
Revised – August 2024

Approvals:

COMPLIANCE COMMITTEE (09/03/2024)

Signed by:

Paul Hackman

9/20/2024 | 10:59 PM PDT

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Signed by:

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