



Corporate Compliance

POLICY TITLE: Patient’s Request to Inspect a Medical Record	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.44	CATEGORY SECTION:
System Approval Date: 6/18/18❖	Effective Date: 8/15/13
Site Implementation Date: 6/18/18❖	Last Reviewed/Approved: 4/21/16
Prepared by: Office of Corporate Compliance	Notation(s): N/A

GENERAL STATEMENT of PURPOSE

The purpose of this document is to outline the established requirements for when a patient makes a request to inspect their medical record.

POLICY

It is the policy of Northwell Health that the Health Information Management Department (“HIM”) will make the patient’s medical record available for inspection within 10 to 14 days of receipt of the validly executed authorization form - #VD001 Authorization for Release of Protected Health Information Pursuant to HIPAA form (see attached).

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

DEFINITIONS

Designated Records Set:

1. A group of records maintained by or for a covered entity that is:

- a. The medical records and billing records about individuals maintained by or for a covered health care provider;
 - b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - c. Used, in whole or in part, by or for the covered entity to make decisions about individuals.
2. For purposes of this paragraph, the term record means any item, collection, or grouping or information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

Protected Health Information (“PHI”): Any oral, written, or electronic individually identifiable health information. PHI is information created or received by Northwell that (i) may relate to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual; and (ii) identifies the individual who is the subject or based on which there is a reasonable basis to believe that the individual who is the subject can be identified. The Health Insurance Portability and Accountability Act (HIPAA) further clarifies that PHI includes information that identifies the individual by one or more (depending on context) of the following 18 identifiers:

1. Names;
2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code in certain situations;
3. All elements of date (except year) for dates directly related to an individual, including birth date, discharge date, date of death; and all ages over 89 and all elements of dates indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers;
13. Medical Device Identifiers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

PROCEDURE

Inspection of the Medical Record

The Health Information Management Department (“HIM”) or the individual Practice, where appropriate, will make the information contained in the patient’s Designated Records Set available for inspection within 10 to 14 days of receipt of the validly executed Authorization Form.

Such inspection may only occur in the presence of an HIM representative or designee or the individual Practice, where appropriate. In the case of outpatients, the patient’s physician or other medical professional will be present during the review.

During such inspection, the HIM representative or designee or the individual Practice, where appropriate, will only observe the review and will not serve to interpret any portion of the medical record. If the patient is admitted to a Northwell Health Facility at the time of such request a health care provider must observe the review.

In the case of research that includes treatment, including clinical trials, the Privacy Rule permits a covered entity to suspend the individuals' access rights until the end of the research study, provided the individual agreed to the suspension when consenting to participate in the research and was informed that right of access would be re-instated upon completion of the research. The Privacy Rule permits the covered entity to insert in the Authorization form a statement by which the subject agrees to the suspension of right to access during the clinical trial and that informs the individual that the right to access will be reinstated upon completion of the research.

Access to the following information may be restricted upon the discretion of the practitioner:

- Personal notes and observations.
- Information disclosed to the practitioner under the condition that it would be kept confidential.
- Information that the practitioner believes should not be disclosed regarding the treatment of a minor. A patient over age 12 may be advised of a records request and, if he or she objects, the provider may deny the request.
- Information the physician believes may cause substantial harm to the patient or others.
- Information obtained from other physicians who are still in practice. That information should be requested directly from those practitioners.
- Substance abuse program records and clinical records of facilities licensed or operated by the Office of Mental Health. Mental Hygiene Law provides a separate process for release of these records.

Training

The Office of Corporate Compliance will provide training on HIPAA on, at least, an annual basis.

Sanctions

In compliance with HIPAA, violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and in the Bylaws, Rules and Regulations of the Medical Staff.

Documentation

Any documentation generated in compliance with this policy will be retained for a minimum of 6 years from the date of its creation.

ENFORCEMENT

All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516.465.8097) for appropriate resolution of the matter. You can also make an anonymous report to the Compliance Help-Line, 24 hours a day, 7 days a week, by calling (800) 894-3226 or by visiting www.northwell.ethicspoint.com online.

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

N/A

ATTACHMENTS

N/A

FORMS

N/A

<u>APPROVAL:</u>	
Northwell Policy Committee	6/18/18❖
System PICG/Clinical Operations Committee	6/18/18❖

Standardized Versioning History:

*=Northwell Policy Committee Approval; ** =PICG/Clinical Operations Committee Approval
4/21/16*

- ❖ Expedited Approval Granted by:
Winifred Mack, SVP/Operations – Chair, Northwell Policy Committee
Morris Rabinowicz, MD, Co-Chair, - System PICG/Clinical Operations Committee