

STANDARD ADMINISTRATIVE PROCEDURE

16.99.99.M0.10 Patient Access to Protected Health Information

Approved April 27, 2020

Next scheduled review: April 27, 2025

SAP Statement

This standard administrative procedure applies to the Texas A&M University (TAMU) components that have been designated as a TAMU HIPAA Health Care Component (TAMU HIPAA HCC) in Standard Administrative Procedure 16.99.99.M0.01, *Designation as a Hybrid Entity*.

Definitions

[Click to view Definitions](#)

Official Procedure

1. GENERAL

Patients and their legal representatives generally have a right to accessⁱ their own health information contained in records that may be used to make decisions about them. It is the TAMU HIPAA HCC's procedure to treat all patient requests to access such information in a respectful manner. Therefore, patients and their legal representatives should be directed to submit any requests for access to medical records, billing records, or any other records (whether or not they contain patient health information) to the TAMU HIPAA HCC or the TAMU Privacy Officer.

1.1 Right to Access Records.

1.1.1 Individuals and their personal representatives have the right of access to inspect and obtain a copy of their PHI from TAMU HIPAA HCCs.

- TAMU HIPAA HCCs must provide the individual or his/her personal representative with access to the PHI in the form or format requested if it is readily producible in such form or format.
 - This includes arranging with the requesting individual for a convenient time and place to inspect or obtain a copy of the PHI, mailing or e-mailing a copy of the PHI at the individual's request, etc.
- If the individual requests electronic access to his/her PHI, TAMU HIPAA HCCs should require that the individual sign an authorization which states that the transmission may not be secure.
- If the TAMU HIPAA HCC is unable to encrypt the email message containing PHI and the individual requests that the PHI be sent via email, the TAMU HIPAA HCC must obtain a valid authorization from the patient. The authorization must state that the transmission is not secure.
- If the individual requests his/her PHI to be faxed, the employee must confirm the fax number before sending the PHI.
- If the PHI is not readily producible in the form or format requested, the TAMU HIPAA HCC must provide a readable, hard copy form or such other form or format as agreed to by the TAMU HIPAA HCC and the individual or his/her personal representative.

1.2 Fees

- 1.2.1 TAMU HIPAA HCCs may charge reasonable fees for copies of medical records. Fees may reflect the cost of labor, supplies and postage to make and mail copies of records, and in limited cases, the cost of preparing an explanation or summary of the PHI, if the TAMU HIPAA HCC has agreed to prepare such an explanation or summary.

1.3 Limitations on Access:

- 1.3.1 TAMU HIPAA HCCs may implement procedures that limit access to PHI in certain circumstances, as set forth in 45 CFR § 164.524(a)(1).

1.4 Denying Access with Opportunity for Review.

- 1.4.1 TAMU HIPAA HCCs may deny access to PHI in certain circumstances, in writing.
- Whenever a TAMU HIPAA HCC identifies a situation in which it believes it must or may deny access to PHI, the TAMU HIPAA HCC

must contact the TAMU Privacy Officer immediately to review the request and to make a determination regarding access to the PHI requested.

- If it is determined that access to the PHI must or should be denied, the TAMU Privacy Officer will respond to the request in compliance with the applicable provisions of 45 CFR § 164.524.

1.5 Timing of Access

1.5.1 TAMU HIPAA HCCs must act on a request for access no later than fifteen (15) days after receipt of the request.

1.6 Additional Process and Forms

1.6.1 TAMU HIPAA HCC may develop its own additional process and forms with the proposed contents requiring review and approval by the TAMU Privacy Officer.

2. VIOLATIONS

The TAMU Privacy Officer has general responsibility for implementation of this procedure. Employees who violate this procedure will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this procedure should report the matter promptly to his or her supervisor or the TAMU Privacy Officer. All reported matters will be investigated and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this procedure will itself be considered a violation of this procedure that may result in disciplinary action up to and including termination of employment.

ⁱHIPAA Code: §164.524

Contact Office

Office of University Risk, Ethics, and Compliance