

**TITLE:        PRIVACY PROGRAM / PATIENT RIGHTS**

**POLICY:**

ColumbiaDoctors will comply with all regulatory requirements including Patient Rights as afforded by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and in accordance with city, state, and federal laws and regulations.

**PURPOSE:**

The purpose of this policy is to describe the procedures for ColumbiaDoctors faculty and staff to administer Patient Rights as established by the HIPAA regulations.

HIPAA provides patients with specific rights related to their protected health information (PHI):

1. The right to inspect their PHI and to obtain a copy, including an electronic copy;
2. the right to request an amendment to their PHI in their designated record set;
3. the right to an Accounting of Disclosures made by ColumbiaDoctors;
4. the right to request restrictions on the uses and disclosures of their PHI made by Columbia;
5. the right to request a restriction on a disclosure to their health plan for services paid for out of pocket;
6. the right to request that ColumbiaDoctors communicate with them about their PHI at an alternative location (i.e., at work instead of at home) or via alternative means (i.e., mail only);
7. the right to receive a paper copy of ColumbiaDoctors Notice of Privacy Practices, even if the patient has received the Notice electronically;
8. the right to be notified of a breach.

Each of these rights is described within the ColumbiaDoctors Notice of Privacy Practices, including a description of any limitations to a specific right. In addition, some of the rights require action on the part of the patient before ColumbiaDoctors can respond. This policy describes each of the rights granted to patients by HIPAA, how a patient can exercise each right, and how ColumbiaDoctors will respond to patient who exercise one of their rights.

**PROCEDURES:**

1. **Right to Inspect and Receive a Copy of the Patient's PHI.**
  - a. Patients have the right to inspect and to obtain a copy of their PHI. This right, however, has some limitations:
    1. A patient must request to access, inspect, or obtain a copy of his/her PHI in writing.

2. The patient may only access, inspect, and/or obtain a copy of his/her PHI if that information is part of the "designated record set." The designated record set does not include, and the patient may not access:
  - a. Psychotherapy notes about the patient;
  - b. Personal notes and observations about the patient created by a health care provider (provided such notes and observations are not included in the patient's medical record);
  - c. PHI that is compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
  - d. PHI that is subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA).
3. The patient has the right to request an electronic copy of their medical information if their health information is maintained in an electronic format. To process a request for electronic copies of medical record please refer to ColumbiaDoctors policy:

Downloading and printing the Electronic Health Record AP 3.07

[https://secure.cumc.columbia.edu/columbiadoctors/docs/3.07-Download\\_Chart.pdf](https://secure.cumc.columbia.edu/columbiadoctors/docs/3.07-Download_Chart.pdf)

Guidance to create a copy of the electronic record

[https://secure.cumc.columbia.edu/columbiadoctors/crownweb/docs/T rainDoc-JobAid-Download\\_Print\\_Chart.pdf](https://secure.cumc.columbia.edu/columbiadoctors/crownweb/docs/T rainDoc-JobAid-Download_Print_Chart.pdf)

4. The patient has the right to designate a third party to receive a copy of their medical information. All such request must be authorized in writing by the patient and a copy of this authorization should be maintained in the patients record.
5. A provider may accept verbal authorization from a parent or an adult patient to send immunization records to a school or other educational institution.
6. Access to inspect or (view) the original medical information is a right afforded to every patient. Request to inspect the medical record must be submitted in writing to the provider and done under direct supervision of a CUMC workforce member.

## **Procedure to Process a Medical Information Request**

- a. When a patient requests access to his/her PHI, the individual receiving the request must obtain a completed Authorization to Release Medical Information form from the patient prior to processing his/her request.
- b. The Authorization to Release Medical Information form is available on the Columbia University Medical Center HIPAA website. Select on Administrative Services or "Patient Care" from the home page, then, select HIPAA. Select the appropriate form. This form is also available on the ColumbiaDoctors website. Alternatively you can search HIPAA from the CUMC homepage.
- c. Completed forms should be maintained by the office processing the patient's request for a minimum of six (6) years. The completed forms should also be stored in the patient's file or in the electronic record, but are not part of the patient's designated record set.

### **2. Right to Request an Amendments of their PHI**

### **3. Right to an Accounting of Disclosures**

### **4. Right to Request Restriction on uses of disclosure of their PHI**

The rights above will be processed by the Office of HIPAA Compliance within the timeframes required by law once the appropriate request form is received by the Privacy Officer.

- when a patient requests an amendment of his/her PHI, an accounting of the disclosures made by ColumbiaDoctors of his/her PHI, or a restriction on the use or disclosure of his/her PHI, the individual receiving the request should advise the patient to complete the appropriate request form. And the form should be sent to the Office of HIPAA Compliance.
- Each of the specific request forms, Request for an Amendment to Health Information, Request for an Accounting of Disclosures, and Request for Restrictions on Uses and Disclosures of Health Information, are available on the Columbia University Medical Center HIPAA website.
- Patients with questions about completion of the form or the status of a request should be directed to contact the Office of HIPAA Compliance Office at 212-305-7315.

### **5. Right to request restrictions to their health plan for services paid for out of pocket**

- Refer to the ColumbiaDoctors policy to process requests and assure that the patient completes the appropriate form. Form is available on the HIPAA web page.

## **Patient Request – Do Not Bill Health Plan**

[https://secure.cumc.columbia.edu/columbiadoctors/CRO/docs/Rev\\_Mgmt\\_Policies-op1016.pdf](https://secure.cumc.columbia.edu/columbiadoctors/CRO/docs/Rev_Mgmt_Policies-op1016.pdf)

### **6. Request for Communications at an Alternative Location or by Alternative Means**

Patients may request ColumbiaDoctors communicate with them about medical matters in a certain way (e.g., by mail only) or at a certain location e.g., at work. The individual receiving a request from the patient for communications at an alternative location or by alternative means should ask the patient to complete the Request for Communications at an Alternative Location or by an Alternative Means.

The Request for Communications at an Alternative Location or by an Alternative Means form is available on the Columbia University Medical Center website.

- a. All completed Request for Communications at an Alternative Location or by an Alternative Means forms are maintained by the practice processing the patient's request for a minimum of six (6) years. The completed Request for Communications at an Alternative Location or by an Alternative Means form(s) may be stored in the patient's file and are not considered part of the patient's designated record set. The patient must complete one form for each provider / treatment program.

### **7. Right to a Paper Copy of the Columbia University Medical Center Notice of Privacy Practices.**

See ColumbiaDoctors Policy Notice of Privacy Practices. Any person who requests a copy of the Notice of Privacy Practices should be provided with a copy. Each practice is responsible for maintaining copies of the Notice. Staff can obtain additional copies of the notice by contacting the Office of HIPAA Compliance. The Notice is also available on the HIPAA website and posted in practice areas.

### **8. Right to be notified of a breach**

The patient has the right to be notified if there is a breach of their protected health information. For additional information:

[http://www.cumc.columbia.edu/hipaa/pdf/Breach\\_Notification\\_Policy.pdf](http://www.cumc.columbia.edu/hipaa/pdf/Breach_Notification_Policy.pdf)

**Document Retention.** All documentation relating to requests will be maintained for a minimum of six (6) years.

## **Definitions**

***Protected Health Information (PHI)*** means information that relates 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 past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual.

***Designated Record Set (DRS)*** means the set of clinical and/or financial information, records, and documents the healthcare provider would provide to the patient upon a request from the patient to access his/her PHI at that healthcare provider's office.

**RESPONSIBILITY:** HIPAA Compliance Office, Columbia Doctors

**ISSUED:** December 2003  
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