Statement of Policy

Washington University and its member organizations (collectively, “Washington University” or “WU”) are committed to conducting business in compliance with all applicable laws, regulations and WU policies. As part of this commitment, WU has adopted a policy to allow Individuals to access Protected Health Information (PHI).

Scope of Policy

The scope of this Policy covers an Individual’s right to access that portion of the Individual's PHI that is contained in a Designated Record Set (as defined herein) for inspection or to obtain a copy. WU is required to provide this access. This right of access by an Individual to that Individual's PHI contained in a Designated Record Set, and the exceptions to it, are outlined in this Policy.

Policy

1) The Right of Access.

a) An Individual has the right to request access to his or her PHI that is maintained in a Designated Record Set. Such right of access may be for inspection or to obtain a copy.

b) In general, a Designated Record Set should contain the following information from the medical and billing records found in Allscripts, if any:

Medical Record:
- i) Face Sheet (Admission Information, Registration, Insurance)
- ii) Physician Orders
- iii) Vital Sign Work Sheet
- iv) History and Physical Exam
- v) Office visit notes
- vi) Nurses Notes and Other Ancillary Provider Notes
- vii) Radiology Reports
- viii) Pathology, Laboratory and other Ancillary Reports
- ix) Operative Reports
- x) Consultation Reports or Notes
- xi) Treatment Record such as problem lists, medication lists, plan of care

Billing Record:
- xii) Patient Name, Address
- xiii) Plan (Insurer) Name, Patient ID Number
- xiv) Provider Name, Address, Tax ID
- xv) Ordering/Referring Physician Name
- xvi) Charge, Allowable, Paid by Plan, Paid by Patient, Paid by Other Source
A Designated Record Set for a Health Plan should include the enrollment, Payment, claims adjudication and case or medical management record systems maintained by or for the Health Plan.

2) Exclusions.

Individuals may **NOT** access PHI maintained outside the Designated Record Set and the following types of PHI:

- Psychotherapy Notes
- Information compiled in reasonable anticipation of civil, criminal, or administrative action or other proceeding
- PHI created or obtained by a Health Care Provider in the course of Research that includes treatment where the Individual consented to the denial of access when he or she consented to participate in the research and WU informed the Individual that access would be restored upon completion of the research.

3) Procedure for Processing Requests for Access.

a) For most requests, the WU Health Information Release Service will receive and process requests for access from Individuals. If the Business Unit handles patient requests for access, the Business Unit within WU will identify the title(s) of the person(s) who will receive requests for access from Individuals and who will be authorized to Disclose PHI pursuant to such requests.

b) **Request Form.** WU will inform Individuals that all requests for access must be submitted in writing. See Form, Exhibit A.

c) **Response Time Frames and Extension.** WU will take action on a request for access by granting or denying the requested access no later than 30 days after receipt of the request. If the requested PHI is maintained off-site in storage or is not accessible on-site, WU may request a one-time extension of no more than 30 days. To obtain the extension, WU will contact the requesting Individual within 30 days of the date of the receipt of the request and provide the Individual with a written statement containing the reasons for the delay in responding and the date by which WU will complete its action on the request. Once the extension is requested, WU must complete its action on the patient’s request for access within 60 days of receipt of the patient’s initial request. See Form, Exhibit B.

d) **Reviewing Requests.** The Health Information Release Service and/or the designated representative for the Business Unit that receives an Individual’s written request for access will review such request and determine whether the request will be granted or denied in accordance with this Policy.

e) **Designation of Reviewing Official.** WU will designate a licensed health care
professional who shall serve as the reviewing official for denials of access. Such designated licensed health care professional may not participate in the initial review and decision to either grant or deny access.

4) **Granting of Access.**

a) If the request for access is granted, WU will provide the requesting Individual access through inspection, copying or both, and will provide the information in the form requested if readily producible in such form, and if not, then in hard copy.

b) If the requested PHI is maintained in more than one Designated Record Set or at more than one location, WU shall produce the requested PHI once in response to the request.

c) WU may provide a summary or an explanation of the PHI in lieu of providing a copy of the PHI if it first obtains the Individual's consent to receive such summary or explanation. Summaries or explanations of PHI should be prepared by the involved health care professional or other designated health care professional.

d) WU may request payment of a reasonable, cost-based fee incident to the copying of PHI that includes only the cost of copying, including labor and supply costs, and postage. Section 191.227 sets the statutory base for calculating the maximum fee for labor and supplies (per page fee) and adjusts this fee each February. We may not charge patients the fee related to search and retrieval. WU’s fees related to the release of information shall not be greater than that provided under Missouri state law. Please refer to Exhibit D, Cost Sheet For Release of Records to Individual or Individual's Personal Representative.

5) **Denial of Access.**

a) **Process for Denying Access.**

The WU Business Unit will review the request and determine whether a ground for denial exists and, if so, whether the Individual is entitled to an appeal of the denial. The WU Business Unit will inform the Privacy Office of any intention to deny access. If appeal of the decision to deny access is anticipated, WU Privacy Office may contact the attending physician for his or her guidance with regard to the request for access and the intended denial.

b) **Denials of Access that may be Appealed.**

If a request for access is denied for any of the following reasons, the denial may be appealed.

i) a licensed health care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of the Individual or another person;

ii) the PHI contains references to another person (excluding other licensed health care providers) and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or

iii) the request is made by the Individual’s personal representative (including a minor’s) and a licensed health care professional has determined that the access by the
personal representative is reasonably likely to cause *substantial harm* to the Individual or another person.

c) **Denials of Access that may Not be Appealed.**

i) information requested is Psychotherapy Notes;

ii) information requested is compiled in reasonable anticipation of litigation;

iii) request is from an inmate because WU is rendering services under the direction of the correctional facility and the PHI would jeopardize the health or safety of the Individual or of other inmates or any others having contact with the inmate;

iv) the information requested has been created or obtained by a Health Care Provider in the course of Research *that includes treatment* where the Individual consented to the denial of access when he or she consented to participate in the research and WU informed the Individual that access would be restored upon completion of the research;

v) the information requested is contained in records subject to the Privacy Act where access could be denied under the Privacy Act;

vi) the information requested has been obtained from someone other than a Health Care Provider under a promise of confidentiality and the access would be reasonably likely to reveal the source of the information.

d) **Communication of Denials.**

Regardless of whether a denial for access may be appealed or not, WU will provide the following to the Individual:

i) to the extent possible, access to non-excluded PHI;

ii) written notice of denial (See Form, **Exhibit C**) stating, in plain language,

   - the ground(s) for the denial;
   - the appeal rights, if any, available to the Individual including a description of how the Individual may initiate an appeal; and
   - a description of the complaint process that an Individual may follow with WU concerning his or her privacy, including the name or title and telephone number of the contact person at WU responsible for receiving complaints of privacy concerns, or with the Secretary; and

iii) the location of the PHI if WU does not maintain the requested PHI.

d) **Process to Review of Appealed Denials.**

An appeal of a denial shall be made by the Individual in writing and shall include the reason for the appeal. If an Individual whose request for access is denied and there are grounds for an appeal of the denial decision, WU will promptly refer the request for review of the appeal to the designated licensed health care professional. The designated licensed health care professional must determine, within a reasonable period of time and based upon criteria allowing such an appeal, whether to uphold or reverse the original decision to deny the access. The WU Business Unit will be bound by the determination of
the designated licensed health care professional and will promptly provide written notice of the designated licensed health care professional determination to the Individual and to the WU Privacy Office and take the appropriate action, if any.
I hereby authorize **Washington University Physicians** to transfer, release or obtain information on:

(Name of Patient)        (Date of Birth)          (Last 4 digits of Social Security #)

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For the purpose of:

- Continuing Medical Care
- Insurance
- School
- Military
- Other (specify)  

Date(s) of Treatment: □ Specific Dates: ___________ thru ___________ □ All dates

Please Check Specific Information Requested

- All Records
- Discharge Summary
- History & Physical
- Pathology
- Medication Records
- Other (specify)  

- Laboratory Reports
- X-Ray Reports
- Emergency Room Report
- Nurses Notes
- Nuclear Medicine Report

- Progress Notes
- Operative Report
- Operative Notes
- Endoscopy

Requests for Billing Records should be sent to Physician’s Billing Services (Phone: 314-273-0763)

Requests for Radiology Films should be sent to the Radiology Film Library (Phone: 314-362-2850)
Psychotherapy Notes: This authorization does not include permission to release outpatient Psychotherapy Notes. Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient’s medical record.

Release of Psychotherapy Notes requires a separate authorization.

I understand that my records may contain but are not limited to: history, diagnosis, and/or treatment of HIV (AIDs virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness, psychiatric treatment, or genetic counseling. I give my specific authorization for these records to be released.

☐ Yes, I consent to the release of this information  ☐ No, I do not consent to the release of this information

Initial  Initial

• This request is a free and voluntary act by me. I understand that I may revoke this authorization at any time by sending a written notice of revocation to:  Health Information—Release Services
  Campus Box 1219
  4240 Duncan Ave., Suite 301
  St. Louis, MO  63110
  Office Phone: 314-273-0453    Fax: 888-965-5131
  Email:  hirs@wusm.wustl.edu

• The revocation will not apply to information already released in response to this authorization.

• I understand that if I choose not to give this permission or if I cancel my permission, I will still be able to receive any treatment or benefits that I am entitled to, as long as this information is not needed to determine if I am eligible for services or to pay for the services that I receive.

• I understand that once my information is used and/or disclosed pursuant to this authorization, it may no longer be protected by federal privacy regulations and may be subject to re-disclosure by the recipient(s).

• I understand that a reasonable fee may be charged. There is a $0.55 charge per page (plus postage) for personal copies of your record. This fee is based on the cost of the labor and supplies involved in copying the requested health information. Copies sent to other recipients (i.e. attorney, insurance companies) are subject to fees as provided by state law.

Authorization is valid either for 90 days from the date of signature (if not otherwise specified) OR as specified by selecting one of these options:

☐ This authorization expires on the following date ______________________

☐ This authorization expires due to the following event or special condition ______________________

I have read and understand this consent and I have signed it voluntarily.

(Signature of Patient or Parent/Legal Representative)  (Date)

(Relationship to Patient—if not the patient)

(Witness)  (Date)

(Patient’s Address, City, State, Zip)  (Patient’s Phone)

(Certified copy of appointment of legal guardian or personal representative and death certificate of deceased patient must be attached)
EXTENSION OF TIME NOTICE
Response to Request for Access to Health Information

[Date]

To: [Individual]

We have received your request for access to your Designated Record Set held by Washington University. We are responding to your request [within 30 days of receipt of request] to advise you that your records are stored off-site and we will need an additional 30 days to review and respond to your request. This extension of time is necessary to better ensure that your request is appropriately addressed and responded to. We appreciate your patience in this matter and will provide you with a response to your request for access no later than [Date that is not greater than 60 days from the receipt date for Off-Site Storage].

If you have questions concerning your request, please contact [name or title of person] at Washington University.

Sincerely,
BY US MAIL

[Date]
[Individual]
[Address]

Re: Request for Access to Designated Record Set dated ________________

Dear [Individual]:

In response to your recent request for access to certain health information, we are advising you of our denial of your request. We will, to the extent possible, provide you with any requested information that is not otherwise excluded consistent with federal regulations.

We are denying your request for access for the following reason(s):

- Washington University does not maintain the requested information.
- Requested information is located: ____________________________
- Location of requested information is unknown.

Reason for Denial: **Denial may not be appealed.**

- The requested information is not a part of the Designated Record Set and is not available for access;
- The information is being requested by an Inmate and access to such information would jeopardize the health or safety of the inmate or others;
- The requested information is part of a research study that required the participating patient’s consent to non-disclosure until after the conclusion of such research;
- The requested information is contained in records subject to the Privacy Act;
- The requested information contains confidential sources from non-Health Care Providers; or
- The requested information is considered psychotherapy notes.

Reason for Denial: **Denial may be appealed.**

- The requested information is reasonably likely to endanger the life or safety of the patient or another;
o The requested information contains references to other person(s) (non-health-care providers) and access to such information may cause substantial harm to such person(s); or

o The request is made by the Individual’s personal representative and access to the information by the personal representative is reasonably likely to cause substantial harm to the Individual or another person.

If we have indicated that a reason for the denial of your request for access is subject to an appeal, you may have the decision to deny access reviewed by returning this Notice to Washington University stating your request for such an appeal. Washington University will forward your request to a licensed health care professional who will review the circumstances of the denial of your request for access. Washington University will abide by the conclusions made by the designated health care professional and will promptly provide you with written notice of his or her determinations and take the appropriate action, if any, indicated by those results.

You may contact either the Privacy Officer at Washington University or the Secretary of Health and Human Services with any concerns that you may have regarding access to your records. The Privacy Officer may be reached at telephone number 866-747-4975.

Sincerely,
EXHIBIT D

COST SHEET FOR RELEASE OF RECORDS TO INDIVIDUAL OR INDIVIDUAL’S PERSONAL REPRESENTATIVE

Purpose: To provide consistent guidance to staff that maintains and releases Protected Health Information in the form of medical records or other similar materials created or held by Washington University.

Viewing Records:
- Individual or Individual’s Personal Representative: no charge

Record Copies:
- Paper and scanned records: $0.55 per page (fee adjusted annually)
- Electronic copy of record:
  - Staff time to create and copy the electronic file. This includes time spent reviewing the request, scanning paper documents, converting to a pdf file, and burning protected health information to media and distributing the record. *Time studies have shown this to be a negligible cost (i.e., less than $2.00).*
  - If the Individual or the Individual’s Personal Representative requests the electronic copy of the records to be provided on portable media (i.e., CD or USB drive), we may charge the Individual the cost of portable media
- Additional costs to either of the above: Actual costs for postage
- Medical Affidavit (if requested): $2.00 (usually one page form)