



# Jackson Hole Fire/EMS

## Operations Manual

Approved by: Brady Hansen

Brady Hansen, Chief

Title: Patient Requests for Access to PHI  
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### PURPOSE

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) grants individuals the right to access their protected health information (“PHI”) contained in a designated records set. Jackson Hole Fire/EMS must afford individuals this right of access in accordance with federal and state law. To ensure that Jackson Hole Fire/EMS complies with its obligations, this policy outlines our procedures for handling requests for patient access and establishes the procedures by which patients or authorized representatives may request access to PHI.

### SCOPE

This policy applies to all Jackson Hole Fire/EMS staff members who receive requests from patients for access to PHI. Generally, all access requests will be directed to the HIPAA Compliance Officer and it shall be the responsibility of the HIPAA Compliance Officer to handle all access requests.

### SECTION I – PROCEDURE

#### *Requests for Access from the Patient or the Patient’s Personal Representative*

1. Patients and their authorized representatives shall be granted a right of access to inspect and obtain a copy of their PHI maintained by Jackson Hole Fire/EMS.
2. If a patient or their authorized representative requests access to or a copy of a patient’s PHI, the requestor shall be referred to the HIPAA Compliance Officer. The HIPAA Compliance Officer shall request that the patient or authorized representative complete Jackson Hole Fire/EMS’s “Request for Access to Protected Health Information” Form.
3. The HIPAA Compliance Officer must verify the patient’s identity, or, if the requestor is not the patient, the name and identity of the representative and whether the representative has the authority to act on the patient’s behalf. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose. If it is impossible for the requestor to physically come in to make the request and verify this

information, the HIPAA Compliance Officer shall ask the requestor to verify the patient's name, date of birth, SSN, address, and telephone number over the phone and ask the requestor to submit the "Request for Access to Protected Health Information Form" via email, mail or fax.

4. Upon receipt of the completed "Request for Access to Protected Health Information Form" and verification of the requestor's identity, the HIPAA Compliance Officer will act upon the request within 30 days, preferably sooner. Generally, Jackson Hole Fire/EMS must respond to requests for access to PHI within 30 days of receipt of the access request.
5. If Jackson Hole Fire/EMS is unable to respond to the request within these time frames, the requestor must be given a written notice no later than the initial due date for a response, explaining why Jackson Hole Fire/EMS could not respond within the time frame, and in that case Jackson Hole Fire/EMS may extend the response time by an additional 30 days.

#### ***Requests for Access from the Patient's Attorney***

1. If Jackson Hole Fire/EMS receives a request for a patient's PHI from the patient's attorney, the HIPAA Compliance Officer shall verify that the patient has authorized the release of PHI. Generally, the request should be accompanied by a form or letter, signed by the patient, stating that the patient authorizes the release of the requested PHI to the attorney. If there is a signed form or letter from the patient authorizing the release of the PHI requested (or some other valid authorization from the patient), then the HIPAA Compliance Officer may release the PHI to the attorney in accordance with what the authorization states.
2. If the request from the patient's attorney is not accompanied by a signed request form or letter from the patient (or some other valid patient authorization), the HIPAA Compliance Officer shall contact the attorney and inform the attorney that Jackson Hole Fire/EMS will not release the information without valid authorization from the patient. Jackson Hole Fire/EMS shall not release any PHI to the attorney until the patient authorizes the release.

#### ***Approval of a Request for Access***

1. Upon approval of access, the patient or authorized representative should generally be provided the right of access in the manner requested on the Form. Jackson Hole Fire/EMS will either provide a copy of the PHI to the requestor in the format requested or arrange for a convenient time for the patient to come into Jackson Hole Fire/EMS to copy their PHI. If Jackson Hole Fire/EMS uses or maintains the PHI requested electronically, Jackson Hole Fire/EMS will provide a copy of the PHI in an electronic format if the patient or authorized representative requests an electronic copy. Jackson Hole Fire/EMS will also transmit a copy of the PHI directly to an entity or person designated by the patient or authorized representative, provided that the written direction is signed and clearly identifies the designated party.

2. Jackson Hole Fire/EMS will establish a reasonable charge for copying PHI for the patient or authorized representative in accordance with federal and state laws. The fee for providing an electronic copy of PHI shall not be greater than Jackson Hole Fire/EMS's labor costs in responding to the request for the copy. The HIPAA Compliance Officer shall consult with legal counsel regarding applicable laws regarding fee limitations.
3. The requestor will not be given access to the actual files or systems that contain the PHI. Rather, copies of the records shall be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated staff member. **UNDER NO CIRCUMSTANCES SHOULD ORIGINALS OF PHI LEAVE THE PREMISES.**
4. Whenever a patient or requestor accesses PHI, a note should be maintained attached to the PHI record indicating the time and date of the request, the date access was provided, what specific records were provided for review, and what copies were left with the patient or requestor.

#### ***Denial of a Request for Access***

1. If the request for access is denied, the HIPAA Compliance Officer shall send the requestor a "Denial of Request for Access to Protected Health Information Form," outlining the reason for the denial and explaining the individual's rights regarding the denial. Patient access may be denied for the reasons listed below:
  - a. If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
  - b. If the information the patient requested was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information;
  - c. If a licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
  - d. If the PHI makes reference to another person (other than a healthcare provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person; or
  - e. If the request for access is made by a requestor as a personal representative of the individual and a licensed health professional has determined, in the exercise of professional judgment, that access is reasonably likely to cause harm to the individual or another person.

2. If the denial of the request for access to PHI is for reasons c, d, or e above, then the patient may request a review of the denial of access by sending a written request to the HIPAA Compliance Officer.
  - a. Jackson Hole Fire/EMS will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. Jackson Hole Fire/EMS will promptly refer the request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. Jackson Hole Fire/EMS will provide the patient with written notice of the determination of the designated reviewing official.



## Patient Request for Access to Protected Health Information

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### ***Right to Request Access to Your PHI and Our Duties:***

You (or your authorized representative) have the right to inspect or obtain a copy of your protected health information ("PHI") that we maintain in a designated record set. If we maintain your PHI in electronic format, then you also have a right to obtain a copy of that information electronically. In addition, you may request that we transmit a copy of your PHI directly to another person and we will honor that request when required by law to do so. Requests to transmit PHI to another party must be in writing, signed by you (or your representative), and clearly identify the designated person to whom the PHI should be sent, and where the PHI should be sent.

Generally, we will provide you (or your authorized representative) access to your PHI within thirty (30) days of your request. We may verify the identity of any person who requests access to PHI, as well as the authority of the person to have access to the PHI by asking the requestor to provide the patient's social security number, date of birth, legal authority to act on behalf of the patient (such as a power of attorney) or other information necessary to verify that the requestor has the right to access PHI. In limited circumstances, we may deny you access to your PHI, and you may appeal certain types of denials.

### ***Request for Access to PHI:***

\_\_\_\_ Please provide me with a copy of my EMS Patient Care Report (PCR)  
Date(s) of service: \_\_\_\_\_

### ***Specify How You Would Like us to Provide Access:***

Please check all that apply and fill out the requested information, where indicated.

— **Mail.** Please send a copy of my PHI to me at the following address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

— **Email.** Please email a copy of my PHI to the following email address in the specified format:

Email address: \_\_\_\_\_

— **Other Parties:** Please transmit a copy of my PHI to the following party at the following mailing address or email address in the specified format:

Designated Party: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Format (Paper, PDF): \_\_\_\_\_

— I would like to inspect a copy of my PHI at Jackson Hole Fire/EMS's place of business (Jackson Hole Fire/EMS will arrange a convenient time and place for you to inspect a copy of your PHI during normal business hours).

**Signature of Requestor:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Requestor Information (if requestor is different from patient):**

Name: \_\_\_\_\_

Relationship to Patient (parent, legal guardian, etc.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



## Denial of Patient Request for Protected Health Information Access

Date: \_\_\_\_\_

Jackson Hole Fire/EMS  
Po Box 901  
40 E. Pearl Ave.  
Jackson, WY 83001

REQUESTOR'S NAME AND ADDRESS: \_\_\_\_\_

Dear \_\_\_\_\_,

We have carefully reviewed your request to have access to certain protected health information (PHI). Unfortunately, we are unable to grant your request for access to this information. The basis for this denial is that:

1. \_\_\_\_\_ The information you requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
2. \_\_\_\_\_ The information you requested was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information;
3. \_\_\_\_\_ A licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
4. \_\_\_\_\_ The protected health information makes reference to another person (other than a healthcare provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person; or
5. \_\_\_\_\_ The request for access is made by you as a personal representative of the individual about whom you are requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.

The denials for reasons #1 or #2 are final and you may not appeal the decision to deny access to the information. Denials of access for reasons #3, #4, or #5 may be reviewed in accordance with the review procedures described below.

#### REVIEW PROCEDURES

If the denial of your request for access to PHI is for reasons #3, #4, or #5, you may request a review of the denial of access by sending a written request to our HIPAA Compliance Officer, at the above address.

We will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny you access. We will promptly refer your request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. We will provide you with written notice of the determination of the designated review official.

You may also file a complaint in accordance with our complaint procedures (available upon request) if you are not satisfied with our determination.

Sincerely,

HIPAA Compliance Officer  
Jackson Hole Fire/EMS