

**Town of Mamaroneck Ambulance District**

740 West Boston Post Road

Mamaroneck, NY 10543

914-381-7838

914-381-2010 fax

[mamkambulancedist@townofmamaroneck.org](mailto:mamkambulancedist@townofmamaroneck.org)

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

Patient: \_\_\_\_\_

Attached please find a **“Patient Request for Access Form.”** This form will allow you to receive a copy or view your medical records retained by the Town of Mamaroneck Ambulance District.

**Instructions:**

1. Fill out form completely (Including date(s) of service)
2. Sign Form
3. Provide proof of identification (Copy of Drivers License or other photo ID)
4. Return Form and I.D. by mail, e-mail ([mliverzani@townofmamaroneck.org](mailto:mliverzani@townofmamaroneck.org)) or fax to 914-381-2010

**Town of Mamaroneck Ambulance District**

740 West Boston Post Road

Mamaroneck, NY 10543

914-381-7838

[mamkambulancedist@townofmamaroneck.org](mailto:mamkambulancedist@townofmamaroneck.org)

**Patient Request for Access Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

\_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

*Patient Rights:* As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form: [check all that apply]

\_\_\_\_\_ Access to simply review my health information.

\_\_\_\_\_ Access to obtain copies of my health information.

\_\_\_\_\_ Access to review and potentially request amendment of my health information.

\_\_\_\_\_ Access to review and potentially request an accounting of how my PHI has been used and disclosed to others.

\_\_\_\_\_ Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature \_\_\_\_\_ Request Date \_\_\_\_\_

# **TOWN OF MAMARONECK AMBULANCE DISTRICT**

## **Policy on Patient Access, Amendment and Restriction on Use of Protected Health Information**

### Purpose:

Under the HIPAA Privacy Rule, individuals have the right to access and to request amendment or restriction on the use of their protected health information, or PHI, and restrictions on its use that is maintained in "designated record sets," or DRS. (See policy on Designated Record Sets).

To ensure that Town of Mamaroneck Ambulance District only releases the PHI that is covered under the Privacy Rule, this policy outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.

This policy also establishes the procedure by which patients or appropriate requestors may access PHI, request amendment to PHI, and request a restriction on the use of PHI.

### Policy

Only information contained in the DRS outlined in this policy is to be provided to patients who request access, amendment and restriction on the use of their PHI in accordance with the Privacy Rule and the Privacy Practices of Town of Mamaroneck Ambulance District.

### Procedure

#### Patient Access:

1. Upon presentation to the business office, the patient or appropriate representative will complete a Request for Access Form.
2. The Ambulance District employee must verify the patient's identity, and if the requestor is not the patient, the name of the individual and reason that the request is being made by this individual. The use of a driver's license, social security card, or other form of government-issued identification is acceptable for this purpose.
3. The completed form will be presented to the Privacy Officer for action.
4. The Privacy Officer will act upon the request within 30 days, preferably sooner. Generally, the Ambulance District must respond to requests for access to PHI within 30 days of receipt of the access request, unless the designated record set is not maintained on site, in which case the response period may be extended to 60 days.
5. If the Ambulance District 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 the Ambulance District could not respond within the time frame and in that case the Ambulance District may extend the response time by an additional 30 days.
6. Upon approval of access, patient will have the right to access the PHI contained in the DRS outlined below and may make a copy of the PHI contained in the DRS upon verbal or written request.
7. The business office will establish a reasonable charge for copying PHI for the patient or appropriate representative.
8. Patient access may be denied for the reasons listed below, and in some cases the denial of access may be appealed to the Ambulance District for review.
9. The following are reasons to deny access to PHI that are not subject to review and are final and may not be appealed by the patient:
  - 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 health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
10. The following reasons to deny access to PHI are subject to review and the patient may appeal the denial:
  - a. If a licensed health care 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;
  - b. If the protected health information makes reference to another person (other than a health care 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;
  - c. If the request for access is made by a requestor as a personal representative of the individual about whom the requestor is 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.
  - d. If the denial of the request for access to PHI is for reasons a, b, or c, then the patient may request a review of the denial of access by sending a written request to the Privacy Officer.

- e. The Ambulance District will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. The Ambulance District 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. The Ambulance District will provide the patient with written notice of the determination of the designated reviewing official.
  - f. The patient may also file a complaint in accordance with the Procedure for Filing Complaints About Privacy Practices if the patient is not satisfied with the Ambulance District's determination.
11. Access to the actual files or computers that contain the DRS that may be accessed by the patient or requestor should not be permitted. Rather, copies of the records should be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated Ambulance District staff member. UNDER NO CIRCUMSTANCES SHOULD ORIGINALS OF PHI LEAVE THE PREMISES.
  12. If the patient or requestor would like to retain copies of the DRS provided, then the Ambulance District may charge a reasonable fee for the costs of reproduction.
  13. Whenever a patient or requestor accesses a DRS, a note should be maintained in a log book 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.
  14. Following a request for access to PHI, a patient or requestor may request an amendment to his or her PHI, and request restriction on its use in some circumstances.

#### Requests for Amendment to PHI

15. The patient or appropriate requestor may only request amendment to PHI contained in the DRS. The "Request for Amendment of PHI" Form must be accompanied with any request for amendment.
16. The Ambulance District must act upon a Request for Amendment within 60 days of the request. If the Ambulance District is unable to act upon the request within 60 days, it must provide the requestor with a written statement of the reasons for the delay, and in that case may extend the time period in which to comply by an additional 30 days.

#### Granting Requests for Amendment

17. All requests for amendment must be forwarded immediately to the Privacy Officer for review.
18. If the Privacy Officer grants the request for amendment, then the requestor will receive a letter indicating that the appropriate amendment to the PHI or record that was the subject of the request has been made.
19. There must be written permission provided by the patient so that that the Ambulance District may notify the persons with which the amendments need to be shared. The Ambulance District must provide the amended information to those individuals identified by having received the PHI that has been amended as well as those persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.
20. The patient must identify individuals who may need the amended PHI and sign the statement in the Request for Amendment form giving the Ambulance District permission to provide them with the updated PHI.
21. The Ambulance District will add the request for amendment, the denial or granting of the request, as well as any statement of disagreement by the patient and any rebuttal statement by the Ambulance District to the designated record set.

#### Denial of Requests for Amendment

22. The Ambulance District may deny a request to amend PHI for the following reasons: 1) If the Ambulance District did not create the PHI at issue; 2) if the information is not part of the DRS; or 3) the information is accurate and complete.
23. The Ambulance District must provide a written denial, and the denial must be written in plain language and state the reason for the denial; the individual's right to submit a statement disagreeing with the denial and how the individual may file such a statement; a statement that, if the individual does not submit a statement of disagreement, the individual may request that the provider provide the request for amendment and the denial with any future disclosures of the PHI; and a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or to the Secretary of Health and Human Services.
24. If the individual submits a "statement of disagreement," the provider may prepare a written rebuttal statement to the patient's statement of disagreement. The statement of disagreement will be appended to the PHI, or at the Ambulance District's option, a summary of the disagreement will be appended, along with the rebuttal statement of the Ambulance District.

25. If the Ambulance District receives a notice from another covered entity, such as a hospital, that it has amended its own PHI in relation to a particular patient, the ambulance service must amend its own PHI that may be affected by the amendments.

#### Requests for Restriction

26. The patient may request a restriction on the use and disclosure of their PHI.
27. The Ambulance District is not required to agree to any restriction, and given the emergent nature of our operation, we generally will not agree to a restriction.
28. ALL REQUESTS FOR RESTRICTION ON USE AND DISCLOSURE OF PHI MUST BE SUBMITTED IN WRITING ON THE APPROVED AMBULANCE DISTRICT FORM. ALL REQUESTS WILL BE REVIEWED AND DENIED OR APPROVED BY THE PRIVACY OFFICER.
29. If the Ambulance District agrees to a restriction, we may not use or disclosed PHI in violation of the agreed upon restriction, except that if the individual who requested the restriction is in need of emergency service, and the restricted PHI is needed to provide the emergency service, the Ambulance District may use the restricted PHI or may disclose such PHI to another health care provider to provide treatment to the individual.
30. The agreement to restrict PHI will be documented to ensure that the restriction is followed.
31. A restriction may be terminated if the individual agrees to or requests the termination. Oral agreements to terminate restrictions must be documented. A current restriction may also be terminated by the Ambulance District as long as the Ambulance District notifies the patient that PHI created or received after the restriction is removed is no longer restriction. PHI that was restricted prior to the Ambulance District voiding the restriction must continue to be treated as restricted PHI.