PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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<tr><td colspan="4">Policy/Procedure Number: CMP42</td><td colspan="3">Lead Department: Administration</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Member Right of Access to Records in the Designated Record Set</td><td colspan="3">☒External Policy
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<tr><td colspan="2">Original Date: 8/19/2021</td><td colspan="5">Next Review Date: 09/03/2027 Last Review Date: 09/03/2026</td></tr>
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<tr><td>☒ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Sonja Bjork, CEO</td><td colspan="3">Approval Date: 09/03/2026</td></tr>
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I. RELATED POLICIES:

A. LAU01 – Release of Information and California Public Records Act Requirements
B. CMP13 – Permitted Use, Disclosure, and Minimum Use of Member Information
C. CMP18 – Reporting Privacy Incidents and Breach Notifications
D. CMP26 – Verification of Caller Identity and Release of Information

II. IMPACTED DEPTS:

A. All

III. DEFINITIONS:

A. Designated Record Set (DRS): As defined by 45 CFR § 164.501, a group of records maintained by or for a covered entity that is:
   1. The medical records and billing records about individuals maintained by or for a covered health care Provider;
   2. The enrollment, Payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
3. Used, in whole or in part, by or for a covered entity to make decisions about individuals.
   The term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, Used, or disseminated by or for a covered entity.

A. Disability Status data, including function and identity: refers to Member's self-identified disability status, which per NCQA definition includes, to the extent possible, all individuals who may face barriers to accessing appropriate, timely health care services, and who may experience disparities in health outcomes.
B. Gender identity: per National Committee for Quality Assurance (NCQA) health equity accreditation standards, means an individual's innermost concept of self and experience of gender, which may be different from the sex assigned at birth.
C. Personal Representative: As defined by 45 CFR § 164.502(g), a person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting *in loco parentis* who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in Partnership Policy CMP26: Verification of Caller Identity and Release of Information.
D. Protected Health Information (PHI): For the purposes of this policy, Protected Health Information (PHI) is any information that can be used to individually identify a Partnership Member and explicitly related to the individuals past, present, or future healthcare. PHI may data points include but are not limited to:
   i. Health status data: past, present, or future physical or mental conditions. which includes but is not limited to disability Status (including function and identity), race/ethnicity and language (REAL), sexual orientation, and gender identity
   ii. Healthcare payment data: past, present, or future payment details for healthcare services
   iii. Healthcare services data: the provision of care and treatments given to a person such as medical record number or health plan beneficiary number in context of diagnosis information, photographic images related to condition or treatment, medical history, and/or prescription information.
E. Psychotherapy Notes: As defined by Title 45, Code of Federal Regulations Section §164.501. Notes recorded (in any medium) by a health care Provider who is a mental health professional documenting or

analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the Member's medical record. Psychotherapy Notes excludes medication prescription monitoring, counseling session start and stop times, the modalities and frequencies of Treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the Treatment plan, symptoms, prognosis, and progress to date.

E. Race/ethnicity and language (REAL) data: refers to Member's self-identified and reported REAL information, which may be collected by Partnership directly as self-reported from the individual or reported via state eligibility and enrollment data
F. Sexual orientation: per NCQA health equity accreditation standards, means an inherent or immutable and enduring emotional, romantic or sexual attraction or nonattraction to individuals of the same and/or other genders

IV. ATTACHMENTS:

A. Designated Record Set Matrix
B. Individual Request for Access to Protected Health Information (PHI) Contained in the Designated Record Set (DRS)
C. Authorization to Release Medical Information

V. PURPOSE:

This policy defines the Designated Record Set (DRS) that contains Protected Health Information (PHI) for a Member, maintained by Partnership HealthPlan of California (Partnership) and the conditions under which the Member, or their Personal Representative, may access, inspect, or obtain a copy of this PHI in the DRS.

VI. POLICY / PROCEDURE:

A. **Policy**

1. Except as otherwise provided in Section B.1.i. of this Policy, Members shall have the right of access to inspect and obtain a copy of their PHI in the DRS for as long as Partnership maintains the PHI in the DRS. (DHCS Medi-Cal Contract , Exhibit A, Attachment III, 5.1.1 (L))
2. Partnership shall provide a Member with access to their PHI in the format requested by the Member, if it is readily producible in such form and format; or, if not, in a readable hard copy form or such other form and format as agreed to by Partnership and the Member. (DHCS Medi-Cal Contract , Exhibit A, Attachment III, 2.1.9 (A (1)))
3. Partnership shall grant a Member's Personal Representative access to a Member's PHI in accordance with the Member's prior written authorization and/or to the extent required under applicable under federal and state law and in accordance with Partnership's policy CMP26 – Verification of Caller Identity and Release of Information. (DHCS Medi-Cal Contract, Exhibit A, Attachment III, 2.1.9 (B (2)))
4. Any person with knowledge of a violation, or potential violation, of this Policy shall report such information to the Privacy Officer directly, to RAC over the phone at 707-420-7611, anonymously by calling 800-601-2146, or in writing via the Incident Reporting Form available on Partnership's intranet Partnership 4 Me. DHCS Medi-Cal Contract, Exhibit A, Attachment III, 5.1.1 (B (1)))

B. **Procedure**

1. Requests for access to inspect or obtain a copy of a record contained in the DRS:
   a. A Member shall submit a written request for access to inspect or obtain a copy of their PHI in the DRS by submitting the Individual Request for Access to Protected Health Information (PHI) Contained in the Designated Record Set Form to Partnership. A Member's Personal Representative may request access to the Member's PHI in accordance with the requirements set forth in Partnership Policy CMP26 – Verification of Caller Identity and Release of Information.
   b. Member or their Personal Representative has the right to direct Partnership to transmit the PHI directly to another person, or entity, as designated by the Member or their Personal Representative, in accordance with Partnership Policy CMP26 – Verification of Caller Identity and Release of Information.
      1) The Member's or their Personal Representative's request to transmit the PHI to another

person, or entity, must be in writing, must be compliant with all requirements under HIPAA, signed by the Member or their Personal Representative, and clearly identify the designated person, or entity, and location (postal address) to send the PHI. Partnership's Authorization to Release Medical Information Form may be used for this type of request.

c. While Partnership's DRS contains certain medical and payment records from providers, it does not have complete copies of records created and/or maintained by Providers or entities other than Partnership. If a Member wants such records, they are advised to contact their doctor or health care provider.

d. Partnership shall process a request to access, inspect or obtain copies of the PHI in the DRS promptly, and unless an extension is required under Section B.1.d., no later than thirty (30) calendar days after receipt of a complete written request.
   1) If the Member requests their PHI to be sent via mail, Partnership may impose a reasonable, cost-based fee for postage and may charge up to ten cents ($0.10) per page.

e. If necessary, a thirty (30) calendar day extension may be used to retrieve information that is not readily available.
   1) For an extension, Partnership must provide the Member, within thirty (30) calendar days after receipt of the request, a written statement of the reasons for the delay and the date by which it will complete its action on the request.
   2) Partnership may only have one (1) such extension of time for action on a request for access to records contained in the DRS.

f. Partnership shall notify the Member, in writing, of the determination on the request. The notice shall contain the information set forth in Section B.1.r. of this Policy.

g. Verification of Member's identification requesting access to inspect or copy the DRS:
   1) If the Member makes such request in person to the Partnership Member Services Department, Partnership Staff shall:
      a) Request identification (e.g. Driver's License or Member ID Card), or ask to verify three unique identifiers per Partnership Policy CMP26 – Verification of Caller Identity and Release of Information; and
      b) Provide the Member with a copy of the Individual Request for Access to Protected Health Information (PHI) Contained in the DRS Form for the Member to complete.
   2) If the Member request is received by mail or fax, Partnership staff shall verify the identity of the individual in accordance with Partnership Policy CMP26 – Verification of Caller Identity and Release of Information.

h. Partnership staff shall accept a request from the Member as valid, provided all the information on the request is complete and accurate. All requests shall include:
   1) An Individual Request for Access to PHI Contained in the DRS Form; or
   2) A written request that provides sufficient information, as necessary to identify the specific PHI sought; and
   3) Documentation that verifies the identity of the Member, in accordance with Partnership Policy CMP26 – Verification of Caller Identity and Release of Information.

i. Partnership staff shall review the request, determine if Member access is appropriate, and which parts of the DRS the Member cannot access.

j. Partnership may deny Member access in the following circumstances:
   1) Psychotherapy Notes;
   2) PHI compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action, or proceeding;
   3) Partnership or business associate is acting under the direction of a correctional institution may

deny, in whole or in part, an inmate's request to obtain a copy of PHI, if obtaining such copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or of other inmates, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transportation of the inmate;

4) A Member's access to PHI which was created or obtained by covered health care provider and/or Partnership in the course of research that includes treatment may be temporarily suspended for as long as the research is in progress, provided that the individual has agreed to the denial of access when consenting to participate in the research that includes treatment, and that the covered health care provider and/or Partnership has informed the individual that the right of access will be reinstated upon completion of the research;
5) A Member's access to PHI that is contained in records that are subject to the Privacy Act, 5 U.S.C 552a, may be denied if the denial of access under the Privacy Act would meet the requirements of that law;
6) A Member's access to PHI may be denied if the PHI 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;
7) A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life of physical safety of the Member or another person;
8) The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
9) The request for access is made by the Member's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

k. If the denial is based on any of the reasons as stated in Section B.1.i. 7 – 9, a Member can request to have the denial reviewed by another licensed health care professional by submitting a written request to the Partnership Privacy Officer at 4665 Business Center Dr., Fairfield, CA 94534. The licensed health care professional involved in the appeal cannot be the same person as the licensed health care professional who made the original denial decision.
l. If the denial is based on any of the reasons as stated in Section B.1.i. 1-6, a Member is not entitled to request that the denial be reviewed.
m. Partnership staff shall route the request to the department(s), or business associate responsible for creating, or maintaining, the requested information.
n. The responsible department shall locate and compile all requested records and process pursuant to that department's applicable desktop procedure, and provide to Member or their Personal Representative.
o. The following departments within Partnership shall maintain the content found in the DRS:
    1) Member Services;
    2) Utilization Management;
    3) Pharmacy;
    4) Enhanced Health Services;
    5) Transportation;
    6) Behavioral Health;
    7) Grievance and Appeals; and
    8) Care Coordination.
p. Department staff shall inform the Privacy Officer if there are records that require further evaluation to determine appropriateness of Member access to inspect or copy PHI from the DRS.

q. The Privacy Officer shall consult with a licensed health care professional to determine appropriateness of Member access to inspect or copy PHI from the DRS if required to do so by the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA)
   1) Access to specific types of records may be denied based on the determination of the licensed health care professional, as provided by HIPAA.

r. If Partnership does not maintain the PHI that is the subject of the Member's request for access, and Partnership knows where the requested information is maintained, Partnership shall inform the Member of the entity to whom the Member may direct such request.

s. Notification to Member:
   1) Partnership shall notify the Member regarding the records request as follows:
      a) Approved: If Partnership approves the Member's request, Partnership shall provide the Member with a notification letter and the records requested, in accordance with the format and method designated on the Individual Request for Access to Protected Health Information (PHI) Contained in the Designated Record Set Form within thirty (30) calendar days after receipt of the request, but no later than sixty (60) days if an extension is needed.
      b) Denied: If Partnership denies the Member's request, Partnership shall send a notification letter to the Member within thirty (30) calendar days after receipt of the request, but no later than sixty (60) calendar days if an extension is needed, informing the Member of the decision, the reason for the denial, and instructions on Member's appeal rights to have the materials reviewed, if applicable. The denial notices shall include a description of how a Member may complain to Partnership, or the Office of Civil Rights (OCR), and contact information for how to file a complaint with Partnership.
      c) Approved or denied, in whole or in part: If Partnership approves a portion of the Member's request and also denies a portion of the request, Partnership shall provide the Member with the records requested in accordance with Section B.1.r.1.a of this Policy. Partnership shall also provide a letter informing the Member of the denial, in accordance with Section B.1.r.1.b of this Policy.
      d) Invalid Request: If the request is unable to be processed due to missing information, Partnership will notify the Member or their Personal Representative verbally or in writing as soon as possible but no later than thirty (30) calendar days of receipt of the request.

t. Documentation
   1) Partnership shall retain a record of the requests and related responses, including letters and a copy of information released to the Member, for ten (10) years from the date of the release.

u. Designated Record Set Content
   1) The content of Partnership's DRS can be found in the Designated Record Set Matrix (Attachment A).

VII. REFERENCES:

A. 45 C.F.R. § 164.501
B. 45 C.F.R. § 164.502
C. 45 C.F.R. § 160.103
D. 5 U.S.C § 552a, Privacy Act
E. (DHCS Medi-Cal Contract, Exhibit A, Attachment III, 5.1.1 (L))
F. (DHCS Medi-Cal Contract, Exhibit A, Attachment III, 2.1.9 (A (1)))
G. (DHCS Medi-Cal Contract, Exhibit A, Attachment III, 2.1.9 (B (2)))
H. E.I. (DHCS Medi-Cal Contract, Exhibit A, Attachment III, 5.1.1 (B (1))

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X. DISTRIBUTION:

IX. DEPARTMENT(S) RESPONSIBLE FOR IMPLEMENTING PROCEDURE: RAC and Legal

XI. REVISION DATES: 08/17/2023, 08/15/2024, 8/18/2025, 09/03/2026

XII. PREVIOUSLY APPLIED TO: N/A

Designated Record Set Matrix

DRS Content	Partnership Department	Media Type for Member
1. Primary Care Provider	Member Services	PCP Assignment and Changes
2. Enrollment	Member Services	Membership Data Sets
		Partnership Enrollment
3. Claim Records	Member Services	Claims data sets
4. Authorization Records/ NOA Letters	Utilization Management Transportation Enhanced Health Services	Medical records
5. Pharmacy Prior Authorization	Pharmacy	Pharmacy Records
6. Grievance and Appeals Resolution Letters and State Hearing Letters	Grievance and Appeals	Medical records
		Billing records
		TARs
		RAFs
		Member correspondence
7. Care Management Data System (Prior Authorization, Care Plans and Assessments)	Care Coordination	Case Management Record
		Assessment Record
		Medical records
8. Behavioral Health Authorization and Denial Care	Utilization Management Behavioral Health Enhanced Health Services	Behavioral Health Records
		TARs
9. Durable Medical Evaluation Assessment (DME)	Utilization Management	DME Assessment Records

Individual Request for Access to Protected Health Information (PHI) Contained in the Designated Record Set (DRS)

Important Information

You have the right to view your Protected Health Information (PHI) in the Designated Record Set (DRS). Your PHI is in your medical or health plan records. It is used to make sure you get health care services. The DRS includes your medical claims, pharmacy claims, and care plans. You also have the right to ask for copies of your records. To ask for copies, you will need to fill out the attached form and send it to us. When we get your form, we will respond within 30 days. If the information you ask for is not readily available, Partnership HealthPlan of California (Partnership) has up to 60 days to send it to you. Partnership may charge a fee of $0.10 per page and any postage fees if you ask for copies of records to be mailed to you.

To Ask for a Copy of Your PHI in a DRS:

1. Fill out the form below. To process your request, we must confirm your identity and will need a photocopy of a valid photo identification (ID) sent in with the completed form.

2. If you would like to choose another person to have access to or to get your PHI, you must also complete the *Partnership Authorization for Release of Protected Health Information* form, which is available on our website: **http://www.partnershiphp.org/Members/Medi-Cal/Pages/default.aspx** under 'Important Documents'. We may need a photocopy of a valid photo ID of the person you appoint if they ask for your PHI.

3. Please select the records you need from the list on the form. If you are not sure what you need, please call Partnership Member Services at **(800) 863-4155**, Monday through Friday from 8
   a.m. to 5 p.m. for help.

4. **Partnership does not have complete copies of your medical records. If you want to look at or get a copy of your medical records, please call your provider or clinic.**
   If you have any questions about your request, please call Partnership Member Services at **(800) 863-4155**. TTY users can call **(800) 735-2929** or **711**. **If you need an interpreter, ask Member Services about language access services.**

Your records may be picked up at a Partnership office or sent by certified postal mail. If you want your records sent another way, Partnership will need to approve your request. Partnership is not responsible for loss of PHI using your choice of delivery.

Member Information			
First Name:		Last Name:	
Address:			
Phone Number:	( )	Date of Birth:	
Member ID/CIN:			

The records listed below are part of the DRS made by Partnership. Please pick the types of records you wish to view or receive.

Member Services
- ❑ **Auto Assignment & PCP changes**
- ❑ **Eligibility Record(s): Membership data set**

Claims/Billing
- ❑ Medical Claims Record(s)
- ❑ Pharmacy Claims Record(s)

Authorizations
- ❑ **Medical Authorizations Request(s)**
- ❑ **Pharmacy Prior Authorization(s)**
- ❑ **Notice of Action Letter(s)**

Care Management
- ❑ Case Management Record(s)
- ❑ Care Plan(s)
- ❑ Assessment(s)

Behavioral Health Record(s)
- ❑ **Behavioral Health Records**
- ❑ **Treatment Authorization Request (TAR)**

Durable Medical Equipment (DME)
- ❑ DME Assessment Records

Grievances and Appeals
- ❑ **State Hearing Record(s)**
- ❑ **Grievance and Appeal Case File Records vary based on the case but may include the following:**
  - Medical Records
  - TAR(s)
  - Claims / Billing Records
  - Referral Authorization Request(s)
  - Member Correspondence

Dates of Service Request

I am asking for copies of records for the following dates of service: _____ to _____

(mm/dd/yy) ***(mm/dd/yy)***

***You must list the date range in order for Partnership to process your request.**

Delivery Method (pick one):

- ❑ **"Personal" pickup at Partnership(identification may be required at time of pickup)**
- ❑ **Mail: _____**

Street/Unit ***City*** ***State*** ***Zip Code***

- ❑ **Other (if approved): _____**

Signature of Member

I understand that to process my request, this form must be complete, include a date range and my identity must be validated and I need to send in a copy of a photo ID with this form.

By signing below, I state that I have read this form and know what it means.

_____ _____

Signature of Member/Personal Representative **Date**

_____ _____

Print Name **Relationship to Member**

Partnership has the right to ask for legal papers like a birth certificate or court order from the parent or guardian signing on behalf of a dependent member.

Personal Representatives – Please include a legal paper to prove that you are the caretaker, executor of the deceased's will, or can make medical decisions for the member.

Send the completed and signed request form, copy of valid photo ID, and copy of legal documents, if needed, in person or by mail to one of the addresses below.

Partnership HealthPlan of California (Partnership)
c/o Member Services Department – Southern Region
4665 Business Center Drive
Fairfield, CA 94534
Fax: (707) 863-4415

OR

Partnership HealthPlan of California (Partnership)
c/o Member Services Department – Northern Region
3688 Avetech Pkwy
Redding, CA 96002
Fax: (530) 223-2508

Revised 06/30/2021

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Important Information
To allow Partnership HealthPlan of California, or another entity, to release your medical information, you must first give your authorization. Please complete this form and send it to:

Partnership HealthPlan of California Attn: Member Services – Northern Region 3688 Avtech Pkwy Redding, CA 96002 (530) 223-2508	***OR***	Partnership HealthPlan of California Attn: Member Services – Southern Region 4665 Business Center Drive Fairfield, CA 94534 Fax: (707) 420-7580

Member Information

First Name:	Last Name:
Address:	
Phone Number: ( )	Date of Birth:
Member ID/CIN:	

I request (ask) and authorize_____to release the medical information checked below of the member named above to the person or entity named below:

Name:				
Address:				
Phone Number: Fax Number:	( ) ( )			
For The Following Specific Use(s) / Purpose(s):	❑ Personal Use	❑ Legal	❑ Workers'Comp	❑ Medical Treatment
	❑ Eligibility	❑ Disability	❑ Other:	
Specific Date(s) of Service:	FROM: _____	TO: _____		

This Authorization is limited to the medical information checked below:

(PLEASENOTE: The sensitive health information below requires separate signature.)

❑ Copies of records or health information ***except*** sensitive health information.	❑ Copies of records or health information ***including*** the sensitive information indicated below.
❑ Mental/Behavioral Health Treatment _____ Signature of Member or Personal Representative	❑ Sexually Transmitted Disease Treatment _____ Signature of Member or Personal Representative
❑ Substance Use Disorder Treatment _____ Signature of Member or Personal Representative	Description of Substance Use Disorder information: _____ _____
❑ Medical information relating to the following specific medical provider, treatment, or condition: _____	

Authorization Expiration

This Authorization will expire (end) in exactly one year unless you choose a different date below.
This Authorization will expire on this date or event:_____

Signature of Member

I understand that Partnership HealthPlan of California and other organizations and individuals such as doctors, hospitals and health plans are required by law to keep my health information confidential (private). Under California law, the recipient of my medical information is prohibited from re-disclosing (sharing) the information, except with a written authorization or as specifically required or permitted by law.

I also understand that if I give permission to share my health information to someone who is legally not required to keep it confidential, it may no longer be protected by federal privacy laws.

YOUR RIGHTS

This Authorization to release health information is voluntary (not required).
Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases:

(1) To conduct research-related treatment
(2) To obtain information in connection with eligibility or enrollment in a health plan
(3) To determine an entity's obligation to pay a claim
(4) To create health information to provide to a third party

This Authorization may be withdrawn and revoked (taken back) at any time by calling Member Services at (800) 863-4155 or by mailing your signed request to:

Partnership HealthPlan of California
(Partnership) c/o Member Services
Department
4665 Business Center Drive
Fairfield, CA 94534
Fax: (707) 863-4415

The revocation will take effect when Partnership receives it. However, your withdrawal/revocation will not affect the rights of anyone acting in reliance of this consent prior to notice of the withdrawal/revocation.

You can ask for and get a copy of this Authorization.

Signature	Print Name
Date	Relationship to Member (Self, Parent of Minor, Guardian, etc.)