I. 11.3.6 Access to Protected Health Information

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.3 Individual Rights to Privacy of Protected Health Information	Date Last Reviewed: September 2026
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: September 2026

II. Purpose

Individuals have a right to inspect and obtain a copy of the protected health information maintained in their designated record set by submitting a written request as permitted by federal law.

III. Scope

This policy applies to all Workforce Members—including faculty, staff, students, healthcare providers, contractors, and researchers—who have direct or indirect access to Protected Health Information (PHI). This includes all PHI maintained by UT Health San Antonio (UTHSA) and its controlled affiliates, such as clinics, hospitals, and research facilities.

IV. Policy

A. Access to Protected Health Information

1. An individual has the right to inspect and receive copies of PHI in a designated record set for as long as the PHI is maintained in the designated record set. Refer to Institutional Handbook of Operating Policies (IHOP) policy 11.1.5 Patient Health Records, for additional information regarding the legal medical record and designated record set.

   If UTHSA does not maintain the PHI that is the subject of the request for access, and UTHSA knows where the requested information is maintained, UTHSA must inform the individual where to direct the request for access.

2. A request for access must be submitted in writing using an authorization form that is specific to the release of the PHI that is requested to be released. Workforce members may use the Patient Authorization for Release of Health Records to External Parties form. The custodian of the official patient health record is responsible for receiving and processing requests for access by an individual. See IHOP policy 11.2.3 Uses and Disclosures of Protected Health Information Based on Patient Authorization for additional guidance.

3. UTHSA must act on a request no later than the 15th business day after receipt of the request for electronic health records; otherwise, no later than the 30th business day after receipt of the request and payment. Exceptions to this time frame are listed below.
    a. Completed laboratory test results when the request has been made directly to the laboratory are to be available 30 days after request. An additional 30-day extension may be used. The reason for the extension must be provided in writing to the requestor.
    b. Mental health records are to be available within 15 days of the request whether the records are maintained in electronic or paper form. UTHSA shall:
        i. Grant the request, in whole or part, and provide access; or,
        ii. Deny the request, in whole or part, and provide the individual with a written denial letter.
4. If the access is granted, in whole or part, UTHSA must comply with the following requirements:
    a. If the request is for PHI not maintained or accessible to UTHSA on-site, UTHSA must take action by no later than 30 days of receipt of the request.
    b. If UTHSA is unable to act on the request within the required time frame, it may extend the deadline by no more than 30 days. UTHSA must provide the individual with a written notice explaining the reason for the delay and the date by which it expects to complete its action. UTHSA may only have one extension.
    c. UTHSA must provide individuals with access to their PHI maintained in a designated record set, as requested, by allowing them to inspect the information, receive a copy, or both. If the requested PHI is maintained in more than one designated record set or at multiple locations, UTHSA is required to provide the information only once in response to the access request.
    d. UTHSA may provide the individual with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if:
        i. The individual agrees in advance to such a summary or explanation; and,
        ii. The individual agrees in advance to fees imposed, if any, by UTHSA for such summary or explanation.
    e. UTHSA must provide the access as requested by the individual in a timely manner, including arranging for a convenient time and place to inspect or receive a copy of the PHI, or mailing the copy of the PHI at the individual's request. UTHSA may discuss the scope, format, and other aspects of the request for access with the individual as necessary to facilitate the timely provision of access.
    f. UTHSA must provide the PHI to the individual in the form or format requested, if readily available in such format as agreed to by UTHSA and the individual.

g. If the individual requests to review their records in person, a UTHSA workforce member must stay with the individual to ensure integrity of the information contained in the record. If copies are requested, the workforce member is to make the copies on behalf of the individual.

h. If the individual requests a copy of the PHI or agrees to a summary or explanation of such information, UTHSA may impose a reasonable, cost-based fee, provided that the fee includes only the cost of:

i. Copying, including the cost of supplies for and labor of copying, the PHI requested. The State of Texas sets the fee schedule for these services.

ii. Postage, if the individual requests the copy, summary or explanation be mailed; and,

iii. Preparing an explanation or summary of the PHI, if agreed to by the individual.

B. Denial of Access to Protected Health Information

1. UTHSA may deny an individual's access to PHI without providing an opportunity for review when:

a. The request includes psychotherapy notes. UTHSA may not release psychotherapy notes, except as required by law. See IHOP policy 11.2.2 Use and Disclosure of Psychotherapy Notes for additional guidance.

b. The request includes information compiled in anticipation of or use in a civil, criminal, or administrative action or proceeding.

c. The requestor includes facilities or facility components that perform testing for forensic purposes.

d. The request includes information from research laboratories that test human specimens but do not report patient-specific results for diagnosis, prevention, treatment, or the assessment of the health of patients.

e. The request includes information from laboratories certified by the National Institutes on Drug Abuse (NIDA) guidelines and regulations. However, other testing conducted by a NIDA-certified laboratory is not exempt.

f. UTHSA is acting under the direction of a correctional institution and the prisoner's request to obtain a copy of PHI would jeopardize the individual, other prisoners, or the safety of any officer, employee, or other person at the correctional institution, or a person responsible for transporting the prisoner.

g. The individual agreed to temporary denial of access when consenting to participate in research that includes treatment, and the research is not yet complete.

h. The records are subject to the Privacy Act, 5 U.S.C. 552a and the denial of access meets the requirements of that law; or

i. The PHI is obtained from someone other than UTHSA under a promise of confidentiality and access would likely reveal the source of the information.

2. UTHSA may also deny a request for access for other reasons, provided the individual is given a right to have such denials reviewed under the following circumstances:
    a. A licensed health care provider has determined that the access is likely to endanger the life or physical safety of the individual or another person.
    b. The PHI makes reference to another person who is not a health care provider, and a licensed health care professional, has determined in the exercise of professional judgment that the access requested is likely to cause substantial harm to such other person; or,
    c. The request for access is made by the patient's representative, and a licensed health care professional has determined that access is likely to cause substantial harm to the patient or another person.
3. If UTHSA denies access, in whole or part, to PHI, it must comply with the following requirements:
    a. To the extent possible, give the individual access to any other PHI requested, after excluding the PHI to which it denied access.
    b. Provide a timely, written denial to the individual, in plain language using the approved Amendment Denial Letter template and containing;
        i. The basis for the denial.
        ii. If applicable, a statement of the individual's review rights, including a description of how they may exercise such review rights; and,
        iii. A description of how the individual may file a complaint with UTHSA. See IHOP policy 11.1.2 Complaints Regarding Privacy and Confidentiality of Protected Health Information for additional guidance.
4. If the individual requests a review of a denial, a licensed UTHSA health care professional, who was not directly involved in the decision to deny access, such as the associate dean of clinical care, will review the case and promptly notify the Chief Compliance and Privacy Officer in the Institutional Compliance and Privacy Office to assist with the review.
    a. The Chief Compliance and Privacy Officer, in consultation with the designated licensed health care professional, must determine, within a reasonable period of time whether or not to deny the access requested based on this Policy.
    b. UTHSA must promptly provide written notice to the individual of the findings of the review. If additional assistance is required in any situation, the Office of Legal Affairs and the Institutional Compliance and Privacy Office should be consulted.

V. Definitions

Terms used in this document have the meaning set forth in the Patient Privacy Policies Glossary *unless a different meaning is required by context.*

VI. Related References

For questions regarding this policy, contact the Privacy Program Director at 210-567-2014 or email compliance@uthscsa.edu.

Health Insurance Portability and Accountability Act (HIPAA) of 1996
HIPAA Privacy Rule, 45 CFR Part 160 and Subparts A and E of Part 164
HIPAA Security Rule, 45 CFR Part 160 and Subparts A and C of Part 1644
Code of Federal Regulations (45CFR Section 164.501)

VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

Effective Date	Action Taken	Approved By	Approved Date
04/2003	Policy Origination		
10/2014	Policy Revision		
02/2016	Policy Revision		
01/2023	Policy Review	ICPO	01/06/2023
09/2026	Policy Review, Discretionary Edits	ICPO	09/21/2026