

	UNIFIED FIRE AUTHORITY ORGANIZATIONAL POLICY MANUAL	
	Affiliation: Compliance and Records Division Policies	
	Title: Patient Request to Access Protected Health Information Number: 200 – 050	
	Approved: 6/13/2023	By: Fire Chief Dominic Burchett
	Last Reviewed: 4/14/2025	By: Shelli Fowlks Records Mgr.

REFERENCES:

[UFA Policy and Procedure – Designated Record Set](#)

DEFINITIONS:

See UFA Policy and Procedure - General Compliance and Records Definitions

LEADERS INTENT:

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, individuals have the right to access their protected health information (PHI), contained in a covered entity's "Designated Record Set," (hereto referred to as DRS). Unified Fire Authority (UFA) must afford individuals this right of access in accordance with federal and state law. To ensure that UFA complies with its obligations, this policy outlines procedures for handling requests for access by the patient or authorized representatives.

POLICY:

This policy provides information to all UFA employees who receive requests from patients or authorized representatives requesting access to PHI as to how those requests will be managed.

1.0 Requests for Access from the Patient or the Patient's Personal Representative

- 1.1 Patients and their authorized representative will be granted a right of access to inspect and obtain a copy of their PHI contained in the DRS maintained by UFA. If a patient or authorized representative requests access to or a copy of a patient's PHI, the requestor will be referred to the Records Manager/Compliance Officer. The requestor will need to complete an UFA "Patient Request to Access Medical Records Form."
- 1.2 The Records Manager/Compliance Officer or designee 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 or other picture form of government-issued identification is acceptable for this purpose. If it is impossible for the requestor to come to the Emergency Communications Center (ECC) to make the request and verify this information, the Records Manager/Compliance Officer or designee will ask the requestor to verify the patient's name, date of birth, SSN, address, and telephone number over the

phone. In addition, the requester will need to submit a "Patient Request to Access Medical Records Form" via email, mail, or fax.

- 1.3 Upon receipt of the completed "Patient Request to Access Medical Records Form" and verification of the requestor's identity, the Records Manager/Compliance Officer or designee will act upon the request within 30 days of receipt of the request, preferably sooner.
- 1.4 If UFA is unable to respond to the request within 30 days, the requestor will be given a written notice no later than the initial due date for a response, explaining why UFA could not respond within the time frame, and in that case, UFA may extend the response time by an additional 30 days.
- 1.5 An authorization form shall be considered invalid if the expiration date has passed or the expiration event is known to have occurred, if it is not completely filled out, if it does not contain the core elements of a valid authorization, if it is known to have been revoked, or if any information recorded on the form is known to be false.

2.0 Requests for PHI from the Patient's Attorney

- 2.1 If UFA receives a request for a patient's PHI from the patient's attorney, the Records Manager/Compliance Officer or designee will verify the patient has authorized the release of PHI. The request must be accompanied by a form letter, signed by the patient, stating the patient authorized the release of the requested PHI to the attorney. If there is a signed form or letter from the patient authorizing the release of PHI requested, the Records Manager/Compliance Officer or designee may release the PHI to the attorney in accordance to the authorization.
- 2.2 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 Records Manager/Compliance Officer or designee will contact the attorney and inform the attorney UFA will not release the information without a valid authorization from the patient.

3.0 Approval of Access to PHI

- 3.1 Upon approval, the patient or authorized representative will be provided access to the PHI in the form or format requested, if it is readily producible in such form and format; or, if not, in a readable hard copy form or other form and format as agreed upon. If UFA uses or maintains the PHI requested electronically, UFA will provide a copy of the PHI in an electronic format, if the patient or authorized representative requests. In addition, UFA will transmit a copy of the PHI directly to an entity or person designated by the patient or authorized representative, provided the written direction is signed and clearly identifies the designated party on the authorization.
- 3.2 UFA may charge a reasonable fee for copying PHI for the patient or authorized representative in accordance to UFA's fee schedule.

- 3.3 The requestor will not be given access to the actual files or computer systems that contain the DRS. Rather, copies of the records will be provided to the patient or authorized representative to view in a confidential area under the direct supervision of the Records Manager/Compliance Officer or designee. Under no circumstance will originals of PHI leave the premises.
- 3.4 The Records Manager/Compliance Officer will maintain a HIPAA Accounting Log indicating the date of each request received, the date access was provided, which specific records were accessed, and if copies were left with the patient, requestor, or sent to a third party.

4.0 Denial of a Request for Access

- 4.1 If the request for access is denied, the Records Manager/Compliance Officer will send the requestor notice of the denial, 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:

- 4.1.1 If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
- 4.1.2 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;
- 4.1.3 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;
- 4.1.4 If the PHI 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; or
- 4.1.5 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.

- 5.0 If the denial of access to PHI is for reasons listed in 4.1.3, 4.1.4, or 4.1.5 then the patient may request a review of the denial of access by sending a written request to the UFA Records Manager/Compliance Officer.

- 5.1 UFA will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. The Records Manager/Compliance Officer will promptly refer the request to the Chief Legal Officer and the designated review official. The review official will determine within a reasonable period whether the denial is appropriate. The Records

Manager/Compliance Officer will provide the patient with written notice of the determination of the designated reviewing official.

- 5.2 The patient may also file a complaint in accordance with the UFA's "Procedure for Filing Complaints about Privacy Practices" if the patient is not satisfied with UFA's determination.

Replaces policy dated: July 1, 2019