



**PULLMAN
REGIONAL
HOSPITAL**

Origination 04/2003

Last Approved 06/2025

Effective 06/2025

Last Revised 04/2003

Next Review 06/2026

Owner Carrie Coen:
Chief Reliability
Officer

Area HIPAA- Policies

Applicability Pullman Regional
Hospital and
PRHCN

Responding to Requests to Access and/or Copy Protected Health Information (PHI)

OBJECTIVE:

To provide a process for handling requests by patients or their legally authorized representatives to access and/or copy the patient's PHI consistent with federal and state laws.

POLICY:

1. Subject to certain exceptions, a patient or the patient's legally authorized representative has a right to inspect and/or obtain a copy of the patient's PHI maintained by the practice/health care facility.¹
2. Requests must be approved or denied-in whole or in part-in a timely fashion.
3. Requests will be reviewed by the appropriate party(ies).
4. Requests and their disposition shall be documented, and any denial-in whole or in part-shall be in writing.
5. Where applicable, the patient or the legally authorized representative shall be informed of the right to request a review of a denial.
6. A reasonable cost-based fee may be charged for copies or summaries of the PHI.
7. The medical records and other PHI subject to a request for patient access, e.g., the designated record sets, are maintained medical records and/or the billing office.²
8. Responsible Party: Primary-Medical Records Manager, Other-All staff must have sufficient understanding of the patient's rights and the practice/health care facility's obligation to approve or deny requests-in whole or in part-according to pertinent laws.

Process for Utilization:

1. When an individual makes a request to access and/or copy PHI:
 - a. ask for verification of the identity and the authority of the individual if warranted (if the identity or the authority of the individual is not known to the practice/health care facility).
 - b. file any written request in the medical record-the Authorization to Use or Disclose My Health Care Information form may be used for this purpose.
 - c. document the date any written or verbal request was received.
 - d. inform the individual either when the record (or copy) will be available or that you will be getting back to them.
2. Access to the record (and/or any copy request) shall be granted or denied in whole or in part within 15 working days after receipt of the request.³ If there is a delay due to unusual circumstances (e.g., if the record is in use), specify in writing, within the 15 working days, to the individual:
 - a. The reason for the delay.
 - b. The date the record will be available-but no later than 21 working days from the date the request was received.⁴
3. If the request is denied in whole or in part, inform the individual in writing of the reason for the denial. Permissible reasons are:
 - a. The record does not exist or cannot be found.⁵
 - b. The practice/health care facility does not maintain the record, and if known, give the individual the name and address of the health care provider who does maintain the record.⁶
 - c. Due to federal and state laws, the requested record is not available to the individual. These include:⁷
 - i. Psychotherapy notes;
 - ii. Information compiled in anticipation of a civil, criminal, or administrative action;
 - iii. PHI where access is prohibited by or exempt from Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a (CLIA);
 - iv. PHI contained in records subject to the Privacy Act, 5 U.S.C. 552a, if the denial of access under the Privacy Act would meet the requirements of that law;
 - v. PHI maintained by a correctional institution, or a provider acting under the direction of a correctional institution, if access would jeopardize the health, safety, security, custody or rehabilitation of the patient or other inmates, or the safety of persons at the institution or those responsible for transporting the inmate;

- vi. PHI created or obtained by a covered health care provider in the course of research-that includes treatment-and the access is 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 the covered health care provider has informed the individual that the right of access will be reinstated upon completion of the research;
- vii. PHI 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;
- viii. 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 patient or another person;
- ix. 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
- x. The request is made by the patient'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 patient or another person.
- xi. The information requested is not part of the medical record, was not compiled for purposes of making decisions about patient treatment or payment, or was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes.

Grounds viii-x are reviewable upon request by the individual as described in section 5 (c) below.

4. Provision of access

- a. If access is granted, permit an inspection and/or copying as requested, although if the record is maintained at more than one site, it only has to be produced once.
- b. It is permissible to discuss the scope, format, and other aspects of the request for access with the individual to facilitate timely access, but any access must be within the time limits described above.
- c. The information shall be provided in the form or format requested if it is readily producible in such form or format, but, if not, it shall be produced in readable hard copy or in any other form agreed to by the individual.
- d. If the individual agrees in advance, it is permissible to produce a summary of the record in lieu of allowing access. Any fees must also be agreed upon in advance.
- e. Upon request, the practice/health care facility shall provide an explanation of any code or abbreviation used in the record. The practice/health care facility may provide

an explanation of any other part of the record that has been produced if the individual agrees to it and agrees to any associated fees in advance.

- f. Assess a reasonable, cost-based fee for copies and for summaries and for explanations of the record. Such fees cannot exceed actual costs and, by state law, cannot exceed the handling and copying fees described in WAC 246-08-400, which is modified every two years. Until June 30, 2003, the maximum handling fee is \$19, and the maximum fee for copying is 83 cents per page for the first 30 pages and 63 cents per page for all subsequent pages. The individual must agree in advance to any fee for explanations or summaries of the record. A basic office visit fee may be assessed whenever the physician/health care provider is required by statute to personally edit confidential information from the record.

5. Denial of Access

- a. If access is denied in whole or in part, then, to the extent possible, allow access to all other parts of the record requested after excluding the portion to which access is denied.
- b. Within the time limits described above, provide a written denial in plain language containing the reason for the denial, a description of the individual's right to a review of the denial, if any, and a description of how to complain to the practice/health care facility or to the U.S. Secretary of HHS. The description must include the name, or title, and telephone number of the person or office designated to receive complaints at the practice/health care facility. See attachment-Sample Denial of Access Letter.
- c. The individual has a right to request a review of the denial if the reason for denying access is one of the grounds described in section 3(c)(viii - x) above. When those grounds apply, the denial letter shall:
 - i. offer the individual the option to request that access and a copy of the denied record be made available to another health care professional, licensed to care for the patient's condition, and chosen by the individual;⁸ and
 - ii. offer the option for review by a licensed health care professional chosen by the practice/health care facility who did not directly participate in the original decision to deny. When this latter option is chosen, the reviewer shall determine within a reasonable time whether to provide access, and the practice/health care facility shall promptly provide the individual with written notice of the reviewer's decision and shall comply with that decision.⁹

References:

Code of Federal Regulations 45 CFR, Sections 160.306, 164.524
Revised Code of Washington RCW 70.02.080 and RCW 70.02.090
Washington Administrative Code WAC 246-08-400

¹ The practice/health care facility may require a request to inspect and/or copy PHI to be in writing, provided the practice/health care facility informs the patient or the legally authorized representative of

this requirement and mentions this requirement in its notice of privacy practices. (45 CFR section 164.524 (b)(1) and RCW 70.02.080 (1).

² 45 CFR 164.524 (e).

³ RCW 70.02.080 (1).

⁴ RCW 70.02.080 (1)(d).

⁵ RCW 70.020.080 (1) (b)

⁶ RCW 70.020.080 (1)(c).

⁷ 45 CFR 164.524 (a) (1-3), RCW 70.02.090 (1). These are examples of federal and state laws that permit denial of access—these details (in i-xi) do not have to be disclosed to the individual. However, sometimes it may be advisable to give the individual the more specific reason for the denial.

⁸ RCW 70.020.090 (3). While state law would require the patient to arrange for any compensation of the other provider, HIPAA does not address this issue.

⁹ 45 CFR 164.524 (a)(4) and (d)(4).

Attachments

 [Sample Denial of Access Letter](#)

Approval Signatures

Step Description

Approver

Date

Carrie Coen: Chief Reliability
Officer

06/2025

Carrie Coen: Chief Reliability
Officer

06/2025

Applicability

Pullman Regional Hospital, Pullman Regional Hospital Clinic Network