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VERSIONS:

V.1.01: ORIGINAL RELEASE

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Purpose:

Overview patient HIPAA rights and procedures at Restore Medical Fitness to facilitate these rights.

Scope:

Patients and Employees of Restore Medical Fitness.

Related Documents:

POL3002 – Provider HIPAA Responsibilities and Procedures

F1001 - HIPAA Health Record Request

F1002 - HIPAA Health Record Correction-Amendment Request

F1003 - HIPAA Restricted Communication Request

F1004 - HIPAA Restricted Use Request

F1005 - HIPAA Accounting of Disclosure Request

F1006 - HIPAA Privacy Authorization

F1007 - HIPAA Official Complaint

F1008 - HIPAA Patient Health Record Disagreement

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## Individual's Rights Under the Health Insurance Portability and Accountability Act

### Right of Access

Patients may ask to see or get a copy of their medical record and other health information. If they would like a copy, they may request one. In most cases, copies must be provided within 30 days.

### Right to Correction

Patients may request to change any wrong information in their file or add information to their file if they discover something is missing or incomplete. For example, if a patient and their provider agree **that the patient's** file has the wrong result for a test, the provider must change it. Even if the provider believes the test result is correct, the patient still has the right to have their disagreement noted in their file. In most cases, the file should be updated within 30 days.

### Right to Restrict Communication

Patients have the right to ask a health care provider to communicate with them by alternative means or at alternative locations. This means, for example, that patients can ask their provider not to call at work or to send an email notification of an appointment. A patient could also ask their provider not to leave a message about an appointment at their home telephone voice mail. They might also ask a specialized clinic not to send them a post card reminder of their appointment but to use a closed envelope. A provider must accommodate reasonable requests.

### Right to Request Restricted Use

Patients have the right to request a restriction on the uses or disclosures of their health information to carry out treatment, payment, or health care operations. They can also ask for a restriction on disclosures to a family member, relative, or close personal friend.

### Right to Know Who Has Seen It

By law, patient health information can be used and shared for specific reasons not directly related to patient care, like ensuring doctors provide good care, making sure care sites are clean and safe, **reporting when the flu is in the patient's** area, or reporting as required by state or federal law. In many of these cases, patients may find out who has seen their health information.

### Right of Complaint

**It is the patient's right to file a complaint if the patient believes that a** HIPAA-covered entity violated their health information privacy rights or committed another violation of the Privacy, Security, or Breach Notification Rules.

For more information on these rights please visit: <http://www.hhs.gov/hipaa/index.html>

## Right of Access

Providing individuals with easy access to their health information empowers them to be more in control of decisions regarding their health and well-being. For example, individuals with access to their health information are better able to monitor chronic conditions, adhere to treatment plans, find and fix errors in their health records, track progress in wellness or disease management programs, and directly contribute their information to research. With the continued advances in health information technology, individuals have ever expanding and innovative opportunities to access their health information electronically, more quickly and easily, in real time and on demand. Putting **individuals “in the driver’s seat” with respect to their health also is a key component of health reform** and the movement to a more patient-centered health care system.

The regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) **protect the privacy and security of individuals’ identifiable health information and establish an array** of individual rights with respect to health information. With limited exceptions, the HIPAA Privacy Rule provides individuals with a legal, enforceable right to see and receive copies upon request of the information in their medical and other health records maintained by their health care providers and health plans.

Under HIPAA 45 CFR 164.524, individuals have a right to access Personal Health Information (PHI) **in a “designated record set.” A “designated record set” is defined at 45 CFR 164.501 as a group of records maintained by or for a covered entity that comprises the:**

- Medical records and billing records about individuals maintained by or for a covered health care provider
- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan
- Other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals. This last category includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.

**The term “record” means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or distributed by or for a covered entity.**

At Restore this may include, but is not limited to:

- Billing Records
- PHI collected in Electronic Medical Records
- Any medical records received from the patient or other providers
- Coaching Notes
- Nutrition Screening Reports
- Functional Movement Screen Reports
- Patient Care Plan Updates

## Information Excluded from the Right of Access

An individual does not have a right to access PHI that is not part of a designated record set as this information is not used to make decisions about individuals. This may include certain quality assessment or improvement records, patient safety activity records, or business planning, development, and management records that are used for business decisions more generally rather than to make decisions about individuals. For example, a **hospital's peer review files or practitioner or provider performance evaluations, or a health plan's quality control records that are used to improve customer service or formulary development records**, may be generated from and include an **individual's PHI**, but **might not be in the covered entity's designated record set and subject to access** by the individual.

At Restore Medical Fitness this may include research data sets or results compiled from clinical records used to assess program outcomes and improve patient care.

In addition, two categories of information are expressly excluded from the right of access:

- Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separate **from the rest of the patient's medical record. See 45 CFR 164.524(a)(1)(i) and 164.501.**
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. See 45 CFR 164.524(a)(1)(ii).

## Right of Access at Restore Medical Fitness

To request designated record set from Restore Medical Fitness, please complete and sign the **F1001 - HIPAA Health Record Request Form** available at the Restore Medical Fitness Center Front Desk OR online at [www.restoremedicalfitness.com/policies/hipaa](http://www.restoremedicalfitness.com/policies/hipaa)

Deliver the completed form to either the Restore Medical Fitness Center Front Desk, directly to the designated Restore HIPAA Compliance Officer, or via mail to:

Restore Medical Fitness  
Attn: HIPAA Compliance Officer  
4545 Transit Rd.  
Williamsville NY, 14221

Depending on the amount of health data requested, Restore Medical Fitness may require up to 30 days upon receiving the request in order complete the designated record release and will contact the patient as instructed by the **F1001 - HIPAA Health Record Request Form** when a printed file is available.

## Right to Correction or Amendment of Health Record

If any errors are found in the health records or the patient believes their health record does not adequately reflect their information, **it is the patient's right to file a request that correction or amendment be made to their health record.**

The patient must specify the items in question within the record incorrect and provide adequate supporting evidence to justify the correction or amendment.

## Correction of Health Data at Restore Medical Fitness

To request a correction be made to designated record at Restore Medical Fitness, please complete and sign the **F1002 - HIPAA Health Record Correction/Amendment Request Form** available at the Restore Medical Fitness Center Front Desk OR online at [www.restoremedicalfitness.com/policies/hipaa](http://www.restoremedicalfitness.com/policies/hipaa)

Deliver the completed form to either the Restore Medical Fitness Center Front Desk, directly to the designated Restore HIPAA Compliance Officer, or via mail to:

Restore Medical Fitness  
Attn: HIPAA Compliance Officer  
4545 Transit Rd.  
Williamsville NY, 14221

Upon reviewing the correction request, If Restore Medical Fitness believes that adequate evidence supporting the correction or amendment is available, then the record will be updated and documentation of the correction or amendment will be provided to the patient.

If Restore Medical Fitness believes that they have adequate evidence available in support of the current health record, Restore will provide the patient with a written notice of this information. The patient may then request to meet with the HIPAA Compliance Officer if they desire in order to review the record further and/or file a written disagreement which will be kept **in the patient's health record.**

Depending on the extent of the correction or amendment, Restore Medical Fitness may require up to 30 days upon receiving the request in order process the request, update the record, and provide the patient evidence of the update.

To file a written disagreement at Restore Medical Fitness, please complete and sign the **F1008 - HIPAA Patient Health Record Disagreement Form** available at the Restore Medical Fitness Center Front Desk OR online at [www.restoremedicalfitness.com/policies/hipaa](http://www.restoremedicalfitness.com/policies/hipaa)

Deliver the completed form to either the Restore Medical Fitness Center Front Desk, directly to the designated Restore HIPAA Compliance Officer, or via mail to:

Restore Medical Fitness  
Attn: HIPAA Compliance Officer  
4545 Transit Rd.  
Williamsville NY, 14221

## Right to Restrict Communication

Patient privacy also includes information that might be inferred from contact with the individual. Patients therefore have the right to ask a health care provider to communicate with them by alternative means or at alternative locations from those on file. This can be an important aspect of **patient privacy for patients who doesn't want others in his or her** family or household to know about a form of treatment. This means, for example, that patients can ask their fertility clinic not to call at work or to send an email notification of an appointment. It could also include asking a psychiatrist not to leave a message about an appointment at your home telephone voice mail.

Under HIPAA 45 CFR 164.522, a provider must accommodate reasonable requests. Examples of reasonable requests may include not leaving messages at a home, using a different mailing address, or requesting that mailed communication be sent in an unmarked envelope

## Right to Restrict Communication at Restore Medical Fitness

To request restricted communication at Restore Medical Fitness, please complete and sign the **F1003 - HIPAA Restricted Communication Request Form** available at the Restore Medical Fitness Center Front Desk OR online at [www.restoremedicalfitness.com/policies/hipaa](http://www.restoremedicalfitness.com/policies/hipaa)

Deliver the completed form to either the Restore Medical Fitness Center Front Desk, directly to the designated Restore HIPAA Compliance Officer, or via mail to:

Restore Medical Fitness  
Attn: HIPAA Compliance Officer  
4545 Transit Rd.  
Williamsville NY, 14221

Upon reviewing the correction request, Restore Medical Fitness will review what measures can be reasonably applied to meet the request.

## Right to Request Restricted Use

HIPAA defines the appropriate uses and restrictions of the use of medical data by providers. In addition to these restrictions, patients have the right to request a restriction on the uses or disclosures of health information to carry out treatment, payment, or health care operations. A patient can also ask for a restriction on disclosures to a family member, relative, or close personal friend.

The HIPAA Privacy Rule permits, but does not require a covered health care provider to disclose the requested protected health information. Thus, the provider with the protected health information may decline to share the information even if the Rule would allow it. If the health care provider has agreed to the requested restriction, then the provider is bound by that agreement and (except in emergency treatment situations) would not be permitted to share the information. However, the health care provider maintaining the records does not have to agree to the requested restriction.

Under HIPAA, a covered health care provider is permitted to use or disclose protected health information for treatment purposes. While in most cases, the treatment will be provided to the individual, the HIPAA Privacy Rule does allow the information to be used or disclosed for the treatment of others. Thus, the Rule does permit providers to disclose protected health information about a patient to another health care provider for the purpose of treating another patient which is **permitted without the individual's written authorization or other agreement with the exception of** disclosures of psychotherapy notes, which requires the written authorization of the individual.

At Restore Medical Fitness, health data may be used in research to improve patient care. Following HIPAA requirements, no patient identifiable information shall be released publicly. If a patient does not want their health information to be used for this purpose, they may request that their data be excluded. Restore will review the request, but may not be required by law to accommodate all requests.

### Right to Request Restricted Use at Restore Medical Fitness

To request restricted use of medical information at Restore Medical Fitness, please complete and sign the **F1004 - HIPAA Restricted Use Request Form** available at the Restore Medical Fitness Center Front Desk OR online at [www.restoremedicalfitness.com/policies/hipaa](http://www.restoremedicalfitness.com/policies/hipaa)

Deliver the completed form to either the Restore Medical Fitness Center Front Desk, directly to the designated Restore HIPAA Compliance Officer, or via mail to:

Restore Medical Fitness  
Attn: HIPAA Compliance Officer  
4545 Transit Rd.  
Williamsville NY, 14221

### Right to Know Who Has Seen Your Health Data

**It is the patient's right to know what entities their information has been shared. This includes any** release of health records to other providers as well billing and research entities covered under HIPAA Business Associate Agreements (BAAs).

### Filing a Right to Know Request at Restore

To request a correction be made to designated record at Restore Medical Fitness, please complete and sign the **F1005 - HIPAA Accounting of Disclosure Request Form** available at the Restore Medical Fitness Center Front Desk OR online at [www.restoremedicalfitness.com/policies/hipaa](http://www.restoremedicalfitness.com/policies/hipaa)



Deliver the completed form to either the Restore Medical Fitness Center Front Desk, directly to the designated Restore HIPAA Compliance Officer, or via mail to:

Restore Medical Fitness  
Attn: HIPAA Compliance Officer  
4545 Transit Rd.  
Williamsville NY, 14221

Restore Medical Fitness may require up to 30 days upon receiving the request in order process the request, update the record, and provide the patient evidence of the update.

### Right to File a Complaint

**It is the patient's right to file a complaint if the patient believes that a** HIPAA-covered entity violated their health information privacy rights or committed another violation of the Privacy, Security, or Breach Notification Rules, they may file a complaint they may file a complaint

### Filing a HIPAA Complaint at Restore

HIPAA complaints are taken very seriously at Restore and if the patient believes that Restore Medical Fitness violated their health information privacy rights or committed another violation of the Privacy, Security, or Breach Notification Rules, a complaint may be filed to the Restore HIPAA Compliance Officer.

To file a HIPAA complaint at Restore Medical Fitness, please complete and sign the **F-1007 HIPAA – Official Complaint form** available at the Restore Medical Fitness Center Front Desk OR online at [www.restoremedicalfitness.com/policies/hipaa](http://www.restoremedicalfitness.com/policies/hipaa)

Deliver the completed complaint form to either the Restore Medical Fitness Center Front Desk, directly to the designated Restore HIPAA Compliance Officer, or via mail to:

Restore Medical Fitness  
Attn: HIPAA Compliance Officer  
4545 Transit Rd.  
Williamsville NY, 14221

Additionally, the patient may request to meet with **Restore Medical Fitness's** HIPAA Compliance Officer in-person or via phone to discuss the HIPAA complaint or concern.

If the patient is not satisfied with **Restore Medical Fitness's** response to the complaint, the patient may file a complaint with the Office for Civil Rights (OCR). OCR can investigate complaints against covered entities (health plans, health care clearinghouses, or health care providers that conduct certain transactions electronically) and their business associates. For more information on filing a complaint with the OCR please visit: <http://www.hhs.gov/hipaa/filing-a-complaint/>