

**UNIVERSITY OF FLORIDA**  
**INFORMATION PRIVACY POLICIES & PROCEDURES**  
**HEALTH INFORMATION OPERATIONAL GUIDELINES**

## I. Patient's Rights: Access to Records

### A. POLICY

Rev. 06/01/2009

1. **Access to Personal Records:** UF permits patients and/or personal representatives to inspect and/or receive copies of personal health information maintained in a designated record set by the University.
2. **Requests for access to personal health records for purposes not related to treatment,** must be made in writing by the patient or the patient's legal representative. The University of Florida will respond to all requests for access within 30 days of receiving the written request.
3. **The University will charge a reasonable fee** as stated below for making copies of health records and for appointments during which records are inspected for purposes not related to treatment.

### B. DEFINITIONS

1. **Designated Record Set:** A group of records, including health and billing records that contain protected health information, maintained by the University of Florida and used to help make decisions about patients.
2. **Inspect:** To visually review the original record elements that are part of the designated record set (see chart in Health Information and Record Management section) whether maintained in paper or electronic formats.
3. **Receive a Copy:** To obtain a photocopy or print-out of record elements that are part of the designated record set (see Designated Record Set tables) whether maintained in paper or electronic formats.

### C. PRIVACY REQUIREMENTS

1. **Patients and legal representatives may view** the patient's designated record set in the presence of an authorized University staff member, and/or
2. **Patients and legal representatives may have copies** of the patient's designated record set, subject to a reasonable copying fee that includes labor and postage, if appropriate. The patient must be notified of the fee amount prior to copies being made.

### D. PROCEDURES

1. **Requests to Inspect Health Records**
  - a) *If the request to view records is for purposes not related to treatment:*
    - (1) Ask the patient or representative to complete an Authorization to Use or Disclose Protected Health Information (see Operational Guidelines: Authorizations, and Forms: Section 2).
    - (a) *Verify the identity of any person making the request, and if not the patient, their relationship to the patient and*

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*authority to access PHI. (See Verification of Identity and Authority for the verification process and a list of legal representatives.)*

*(b) Schedule an appointment for the patient / representative with the patient's care provider at the earliest opportunity, but no more than 30 days from the date of the request. (Patients / personal representatives may only review records in the company of a University of Florida or Shands health care representative.)*

*(c) Record the appointment date and time on the Authorization form and forward the form to the clinic or department manager.*

(2) After receiving the completed Authorization form, the manager should notify the patient's attending health care provider of the request and the appointment time.

*(a) Remove all parts of the health record that are not included in the designated record set (see Designated Record Set) before the appointment.*

*(b) Document the participants and the date and time that the inspection took place on the Authorization form. File the original form in the patient's health record. Give a copy of the authorization to the patient or representative who inspected the records.*

**NOTE:** *Patients or their representatives may not personally alter any part of a health record, but may request an amendment or correction, using the Request for Amendment of a Health Record form and procedure.*

b) ***If the request to view records is for treatment purposes:***

(1) Verify the identity of the person requesting to view the records, and if not the patient, their relationship to the patient and authority to access PHI. (See Verification of Identity and Authority for the verification process and a list of legal representatives.)

(2) Make an appointment for the patient / representative to view the records with their care giver at the earliest opportunity but no more than 30 days from the date of the request.

**2. Requests for Copies of Health Records:**

a) ***If the request for copies of records is for purposes not related to treatment, ask the patient or representative to complete an Authorization to Use or Disclose Health Information (see Authorizations and Section 2: Forms).***

(1) Verify the identity of the person making the request, and if not the patient, their relationship to the patient and authority to receive PHI. (See Verification of Identity and Authority for the verification process and a list of legal representatives.)

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- (2) Inform the patient / representative of the copying charges that will apply.
  - (3) Forward the completed Authorization form to the person designated to make copies of records for your area.
  - (4) NOTE: Refer all requests for records of deceased patients to the primary record holder.
- b) *If the request for copies of records is **for treatment purposes**,*
- (1) Ask the patient or representative for the name and address of the care giver to whom the copies should be sent; or
  - (2) If the request is urgent (i.e. an appointment the next day), make other reasonable arrangements with the patient for supplying the needed information to the new care provider. Arrangements can include giving the copies directly to the patient for transport, scanning and emailing the pertinent information in an encrypted or other protected format, or faxing the information.
  - (3) There is no charge for making copies of records for treatment purposes
- c) *Physicians, at their discretion, may authorize the release of a copy of a lab or other report to the patient / representative at the time of providing care, without requiring a written authorization.*

**E. REFERENCES:**

HIPAA: 45 CFR §164.501 (Definitions); §164.524 (Right of Access)

**F. EXHIBITS:**

**Copying and Inspection Fees**

<b>Copying and Inspection Fees</b>	
<b>Services</b>	<b>Fee</b>
Inspection of Records: Per hour	\$25.00
Copying: Pages 1 through 25	\$1.00 per page
Copying: All pages after first 25	\$.25 per page
Copying: Labor	\$7.00 per hour
Copying: Postage	By weight