

Weber Family Chiropractic PC
Patient Request for Accounting of Health Information Disclosures

Policy No.: 9

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Approvals: Dr. Scott Weber
Title: Office Manager

Title:

I. POLICY

It is the policy of Weber Family Chiropractic PC to maintain a record of the disclosures made of each patient's health information for purposes other than treatment, payment and health care operations. It is further the policy of Weber Family Chiropractic PC to allow a patient or the patient's authorized representative to request an accounting of disclosures of the patient's health information for purposes other than treatment, payment or health care operations. Weber Family Chiropractic PC will honor requests for accounting over any period of six (6) years or less preceding the date of the request. This Policy supersedes any previous policy on this subject.

II. PURPOSE

The purpose of this Policy is to outline the specific procedures to be followed in developing a system of accounting logs in each patient medical record and in evaluating and handling a patient request for an accounting of disclosures of the patient's health information.

III. SCOPE

This Policy applies any time a patient requests an accounting of disclosures of the patient's health information made by Weber Family Chiropractic PC. The Policy differentiates among disclosures for treatment, payment and health care operations, disclosures to the patient and disclosures to third parties.

IV. PROCEDURES

A. Developing a System of Accounting Logs

1. Dr. Scott Weber, in consultation with personnel in charge of medical records, will develop a system for maintaining a record of all disclosures of a patient's health information for purposes other than treatment, payment or health care operations, disclosures pursuant to written patient authorization and disclosures to the patient directly. The system will include a form to be placed in a specified location in each medical record and a form to be placed in the billing records for each patient. Each form will include fields for the following information:

- a. date of disclosure;
- b. name and address of the person (individual or entity) receiving the health information;

- c. a brief description of the health information disclosed; and
- d. purpose of disclosure (Dr. Scott Weber may develop other codes for this field).

2. Personnel in charge of medical records will place a form in each medical record. Personnel in billing will place a form in each billing record. Dr. Scott Weber will compile a list of the business associates of Weber Family Chiropractic PC and will forward an accounting log to each business associate of Weber Family Chiropractic PC, accompanied by instructions for completing the log and for directing any accounting requests to Weber Family Chiropractic PC.

3. Any office personnel who handle the copying and transmittal of health information will make an entry on the form each time a patient's health information (or billing information if it contains any codes relating to the care and treatment of the patient) is transmitted to a person outside of Weber Family Chiropractic PC for purposes other than treatment, payment or health care operations. If office personnel have any question as to whether the transmittal is for treatment, payment or health care operations, the personnel will discuss with Dr. Scott Weber.

4. If Weber Family Chiropractic PC receives a request from a health oversight agency or law enforcement agency to restrict a patient's right to an accounting regarding disclosures to that agency (e.g., because of an investigation or proceeding), such requests will be forwarded to Dr. Scott Weber. If the request is made orally, Dr. Scott Weber will verify and document the request, including the identity of the official and agency. Dr. Scott Weber will make an entry in the accounting logs in the medical record and/or billing record next to the disclosure entry pertaining to that agency that there is a temporary suspension of the patient's right to an accounting regarding that disclosure for the period stated in the written request (maximum thirty (30) days for any oral request). Dr. Scott Weber will place a copy of the written request in the patient's medical record and in the file maintained by Dr. Scott Weber specifically for this purpose.

B. Handling Accounting Requests

1. When a patient requests an accounting of disclosures of the patient's health information, the receptionist will ask the patient to complete the Request for Accounting of Health Information Disclosures Form ("Form").

2. The Form may be returned in person, by mail or by facsimile. If faxed or mailed, the receptionist will instruct the patient to mail or fax the Form to the attention of Dr. Scott Weber. The receptionist will forward all completed Forms to Dr. Scott Weber.

3. Dr. Scott Weber will review the Form to ensure that it is complete and it has been signed and dated by the patient. If the Form is not complete, Dr. Scott Weber will contact the patient to provide instructions for the completion of the Form. Dr. Scott Weber will also check to see if any required payment is attached to the Form, in accordance with the following:

- a. Weber Family Chiropractic PC will provide the first accounting in any twelve (12) month period

without charge.

- b. Weber Family Chiropractic PC will charge a fee for second and subsequent accountings provided within the same twelve (12) month period; the fee will be a reasonable amount based on cost of producing the accounting.

Dr. Scott Weber will check the file maintained by Dr. Scott Weber specifically for this purpose to verify whether this is the first accounting requested in a twelve month period or an additional request. If the required fee is not attached, Dr. Scott Weber will contact the patient with instructions for delivering the fee.

4. Dr. Scott Weber will obtain the patient's medical record, as well as the patient's billing record, to review the accounting logs in each (including any entry of a temporary suspension regarding certain disclosures, as described in A.4 above). Dr. Scott Weber will also request a copy of the accounting logs maintained by any business associates. Within sixty (60) days from the date of receipt of the completed request Form, Dr. Scott Weber will:

- a. send a letter (in the form attached to this Policy) to the patient that includes a composite listing of all of the disclosures made for purposes other than treatment, payment or health care operations, other than pursuant to patient's written authorization and other than disclosures to the patient during the period specified in the request. For each disclosure, the list will delineate:
 - (i) the date of disclosure;
 - (ii) the name and address of the person who received the health information;
 - (iii) a brief description of the health information; and
 - (iv) a brief description of the reason for disclosure.
- b. place a copy of the Form (with the bottom portion completed) and the letter in the file maintained by Dr. Scott Weber specifically for this purpose.
- c. make a notation in the accounting logs (medical record log, billing record log and business associate log(s)) that an accounting request was made and answered and the date of the request and the response.

5. If there are no entries in any of the accounting logs, Dr. Scott Weber will look for any other indications of disclosures to third parties in the medical record or billing record. If there are none, Dr. Scott Weber will, within sixty (60) days from the receipt of the completed Form, mail a letter to the patient indicating this fact.

6. If Dr. Scott Weber is unable to provide the complete accounting within sixty (60) days, Dr. Scott Weber will send the Notice of Time Extension for Accounting Form Letter to the patient. The deadline may be extended once and for no longer than thirty (30) days beyond the original response due date. Dr. Scott Weber will place a copy of the Extension Form Letter in the file maintained by Dr. Scott Weber for this purpose.

7. Dr. Scott Weber will ensure that all Forms, letters, accounting logs and listings are retained by Weber Family Chiropractic PC for six (6) years after the date on the document.

Weber Family Chiropractic PC
Request For Accounting of Health Information Disclosure Form

You or your authorized representative have the right to request an accounting of the disclosures made by Weber Family Chiropractic PC for purposes other than treatment, payment or health care operations (other than disclosures to you or your authorized representatives and other than those made pursuant to your written authorization). The first request for accounting in any twelve-month period shall be provided to you free of charge. Any subsequent requests for accounting submitted in the same twelve-month period will be processed for a fee of \$5.00 per request.

Patient Name: _____

Home Address: _____

Date of Birth: _____ Home Phone: _____

Please state the period over which you want an accounting (no more than a six-year period or prior to April 2003): _____

If you do not want a complete listing of all disclosures but rather are only interested in disclosures to one or more specific individuals or entities, please identify those individuals or entities: _____

Signature of Patient or Patient Representative

Date of Request

Print Name of Patient Representative

Relationship to Patient

OFFICE USE ONLY:

Date Completed Request Received: _____

Reviewed By: _____

Date of Accounting/Response: _____ Fee: _____

Copies Filed: _____ Office File

Log Entry Made: _____ Medical Record _____ Billing Record _____ Business Associate