

**Weber Family Chiropractic PC**  
**Patient Right to Inspect and/or Copy Health Information**

Policy No.: 8

Issue Date: 04/14/03

Revision Date: 10/01/2013

Approvals: Dr. Scott Weber  
Title: Office Manager

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Title:

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**I. POLICY**

It is the policy of Weber Family Chiropractic PC to allow a patient or the patient's authorized representative to inspect and/or obtain copies of the patient's health information in the custody of Weber Family Chiropractic PC, unless such access falls into an exception under state or federal law. This policy supersedes any previous policy on this subject.

**II. PURPOSE**

The purpose of this Policy is to outline the procedures to be followed in evaluating and responding to a patient's request to inspect and/or obtain a copy of the patient's health information, as well as the procedures for conducting a review of an initial denial of a request.

**III. SCOPE**

This Policy applies any time a patient or the patient's authorized representative requests to inspect and/or obtain a copy of the patient's health information. This Policy does not apply to requests from third parties for the patient's health information; this subject is addressed in Policy No. 3.

**IV. PROCEDURE**

1. If the patient requests to inspect and/or obtain a copy of the patient's health information, the receptionist will ask the patient to complete a Request to Inspect and/or Copy Health Information Form ("Form").
2. The Form may be submitted in person, by mail or by facsimile. If the Form is not returned to the receptionist, the receptionist will instruct the patient to mail or fax the completed Form to the attention of Dr. Scott Weber. The receptionist will give all completed Forms to Dr. Scott Weber.
3. Dr. Scott Weber will review the Form to ensure that the Form is complete and 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 completion of the Form. The deadlines in this Policy will be

calculated from the date of receipt of a completed Form.

4. Dr. Scott Weber will review the completed Form and consult with personnel in charge of medical records to determine whether any part of the requested health information falls into one of the following categories:

- a. psychotherapy notes (these include only those notes made by a mental health professional to document or analyze the contents of a conversation with a patient during a counseling/therapy session and kept separate from the remainder of the medical record; they do not include prescriptions, modalities and frequencies of treatment, results of clinical tests and summaries of diagnosis, prognosis, progress or functional status);
- b. information compiled in the reasonable anticipation of a civil, criminal or administrative proceeding;
- c. information that is subject to CLIA (Clinical Laboratory Improvements Act), with access prohibited by that law;
- d. information created or obtained by Weber Family Chiropractic PC in the course of research that includes treatment and the research is ongoing at the time of the request;
- e. information that is subject to the federal Privacy Act (not HIPAA), with access prohibited by that law; or
- f. information that has been obtained from a person, other than another provider, under a promise of confidentiality and access would likely reveal the identity of that person.

5. If any part of the requested health information falls into one of the categories in No. 4 above, Dr. Scott Weber will deny the patient's request to inspect and/or copy that part of health information and will send a letter (in the form attached to this Policy) to the patient within thirty (30) days after receipt of the completed Form. Any denial on the basis of No. 4 is a non-reviewable denial. The denial letter will include the following elements:

- a. the reason for the denial;
- b. if applicable, an explanation of the patient's right to a review of the denial; and
- c. a description of how the patient may make a complaint.

6. If any part of the requested health information does not fall into the categories in No. 4 above, Dr. Scott Weber will consult with the patient's primary practitioner in Weber Family Chiropractic PC and ask that practitioner to determine whether:

- a. access to the information is reasonably likely to endanger the life or safety of the patient or another person;
- b. the information refers to another person and access to the information is reasonably likely to cause substantial harm to that person; or
- c. the request is made by the patient's authorized representative and access to the information is reasonably likely to cause substantial harm to the patient or another person.

7. If the primary practitioner determines that any part of the information falls into one of the

categories in No. 6 above, Dr. Scott Weber will deny the patient's request by sending a letter (in the form attached to this Policy) to the patient within thirty (30) days after receipt of the completed Form. A request that is denied on the basis of No. 6 above is a reviewable denial and subject to the procedure in No. 9 below.

8. If any of the requested health information does not fall into the categories in Nos. 4 and 6 above, Dr. Scott Weber will allow the patient to inspect and/or obtain a copy of the health information in the following manner:

- a. send a letter (in the form attached to this Policy) to the patient within thirty (30) days after receipt of the completed Form to notify the patient of the approval of the request; and
- b. arrange a date, place and time for inspection or for pick-up of copies within ten (10) days after the date of the letter, except that, if the requested health information is off site, the date of inspection or pick-up can be extended to sixty (60) days after receipt of the completed Form.
- c. If the patient requests copies, see No. 10 below.

9. If a patient's request is denied because it falls into one of the categories in No. 6 above, the patient may make a written request for a review of the denial; all requests for review must be received within thirty (30) days of the date of the denial letter. If a request for review is received, the procedure for the review is as follows:

- a. Dr. Scott Weber will arrange for another practitioner in Weber Family Chiropractic PC, other than the patient's primary practitioner, to review, within a reasonable time (ten (10) days or less), the decision to deny on the basis of the criteria in No. 6 above.
- b. Dr. Scott Weber will send a letter (in the form attached to this Policy) to the patient notifying the patient of the reviewer's decision within five (5) days after receipt of the decision of the reviewer.
- c. If the decision is to approve access to inspect and/or obtain a copy of the health information, Dr. Scott Weber will arrange for access as provided in No. 8 above.

10. Weber Family Chiropractic PC may not charge a fee for inspection of the requested health information. Weber Family Chiropractic PC may charge a fee for providing copies of the requested health information that is reasonable and cost-based, including the following costs:

- a. cost of labor and supplies for copying or copying charges, if outsourced; and
- b. cost of postage, if mailed at the request of the patient.

In no event will the copying fee exceed the fee allowed under Illinois law, i.e., \$25.99 handling charge plus \$0.97 for the first twenty-five (25) pages, \$0.65 for pages twenty-six (26) to fifty (50) and \$0.32 per page thereafter. If the patient requests a copy in a form other than paper, Dr. Scott Weber will accommodate the request if the health information is readily producible in that form. As an alternative to copying the requested information, Dr. Scott Weber may offer to prepare a summary or explanation of the requested health information (if the cost of preparation of the summary or explanation would be less than the cost of copying or if otherwise agreed by the patient).

11. If Weber Family Chiropractic PC does not maintain the requested health information but Dr. Scott Weber knows where the requested health information is maintained, Dr. Scott Weber will inform the patient where to send a request.

12. With respect to all requests that are approved, Dr. Scott Weber will place a copy of the Form (with the bottom portion completed), the letter of approval and any cost invoice in the patient's medical record and a copy of the same in a file maintained by Dr. Scott Weber specifically for this purpose. Dr. Scott Weber will also maintain a log of all inspections by patients. With respect to all requests that are denied, Dr. Scott Weber will place a copy of the Form (with the bottom portion completed), letter of denial and any letter setting forth a review decision in the file maintained by Dr. Scott Weber specifically for this purpose. If the review decision approves access to all or a part of the requested health information, a copy of all documents will also be placed in the patient's medical record and an entry will be made in the log.

13. If Dr. Scott Weber or primary practitioner will be unable to make a determination regarding a request within thirty (30) days after receipt of a completed Form, as required in Nos. 5, 7, and 8 above, Dr. Scott Weber will send a Notice of Extension Form Letter to the patient to notify the patient that the deadline for responding to the request has been extended thirty (30) days beyond the original deadline. The response deadline may be extended once.

14. Dr. Scott Weber will ensure that all Forms, letters and notices received and generated under this Policy are retained for six (6) years after the date on each document.

**Weber Family Chiropractic PC**  
**Request to Inspect and/or Copy Health Information**

You (or your authorized personal representative) have the right to request to inspect and/or obtain a copy of your personal health information. Weber Family Chiropractic PC will review your request and provide written notice to you of its decision. Please complete this form and return it to the receptionist or mail or fax it to Weber Family Chiropractic PC to the attention of Dr. Scott Weber. If you request a copy of your health information, you will be charged \$25.99 handling charge plus \$0.97 for the first twenty-five (25) pages, \$0.65 for pages twenty-six (26) to fifty (50) and \$0.32 per page thereafter.

Patient Name: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

**Please identify the health information you wish to inspect and/or copy:**

Date(s) of Care: \_\_\_\_\_  
\_\_\_\_\_

Name of Physician or Practitioner: \_\_\_\_\_  
\_\_\_\_\_

All Records for Date(s) of Care: \_\_\_\_\_ Only Specific Pages or Parts of Record: \_\_\_\_\_  
\_\_\_\_\_

Specify pages or parts: \_\_\_\_\_  
\_\_\_\_\_

Inspect Only: \_\_\_\_\_ Copy Only: \_\_\_\_\_ Both: \_\_\_\_\_  
\_\_\_\_\_

For copies, specify format: \_\_\_\_\_ Photocopy \_\_\_\_\_ Other \_\_\_\_\_ (please specify): \_\_\_\_\_. We will accommodate your request if we can.

\_\_\_\_\_  
**Signature of Patient or Patient's Representative**

\_\_\_\_\_  
**Date of Request**

\_\_\_\_\_  
**Print Name of Patient Representative**

\_\_\_\_\_  
**Relationship to Patient**

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**OFFICE USE ONLY:**

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_ Reason: \_\_\_\_\_

Initial Decision By (include name of primary practitioner): \_\_\_\_\_

Patient Notification Date: \_\_\_\_\_ (attach letter)

Review Requested: \_\_\_\_\_ Review By: \_\_\_\_\_

Review Decision: Approve \_\_\_\_\_ Deny \_\_\_\_\_ Reason: \_\_\_\_\_ (attach letter)

Patient Notification Date: \_\_\_\_\_

Date of Inspection/Copies Mailed/Picked Up: \_\_\_\_\_

Fees for Copies: \_\_\_\_\_ Log Completed: \_\_\_\_\_

Copies Filed: \_\_\_\_\_ Medical Record \_\_\_\_\_ Office File