**Statewide Health Information Policy Manual (SHIPM) 5.4.1 – Patient’s (Individual’s) Right to Access Health Information**

*Compliance Review Tool Question #100*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Did the organization submit an artifact(s) regarding a Patient’s right to access their health information? |  |  |
| 2 | Does the artifact(s) describe a patient’s rights to access their health information? |  |  |
| 3 | Does the artifact(s) address access to health information for: |  |  |
| 3a | * Patient representatives
 |  |  |
| 3b | * Minor patients
 |  |  |
| 3c | * Foster Youth
 |  |  |
| 4 | Does the artifact(s) describe responsibilities of the state entity upon receiving a patient request to access, inspect or receive a copy of health information within prescribed time-frames Including: | n/a |  |
| 4a | * To provide copies of health information, related to health history, diagnosis, condition of the patient, to treatment provided, or to billing records and other elements of the designated record set within 30 days?
 |  |  |
| 4b | * To provide copies of health information within 15 days following an inspection of records?
 |  |  |
| 4c | * To advise the patient in writing within 60 days where to direct their request for access, if the organization does not maintain the designated record set? (*if the state entity knows where the requested health information is maintained*)
 |  |  |
| 4d | * Within 30 days of receiving a written request, *provide a copy at no charge* of the portion of the patient’s medical records necessary to support an appeal or claim regarding eligibility for the following public benefits: Medi-Cal, Social Security disability insurance benefits, Supplemental Security Income, State Supplementary Program for the Aged, Blind, and Disabled, In-Home Supportive Services, CalWORKS, federal veterans service-connected compensation and non-service connected pension disability benefits, CalFRESH and a petition for U nonimmigrant status under the Victims of Trafficking and Violence Protection Act, or a self-petition for lawful permanent residency under the Violence Against Women Act within 30 days?
 |  |  |
| 4e | * Cost-based fees may not exceed ten (10) cents per page?
 |  |  |
| 5 | Does the artifact(s) describe the patient’s right to obtain health information records in the format they choose? |  |  |
| 6 | Does the artifact(s) describe the process to notify the patient if additional time is needed to address the request?  |  |  |
| 7 | Does the artifact(s) describe the denial of access & appeal process, including: | n/a |  |
| 7a | * Reasons the organization may decide to deny/exceptions to fulfilling a patient request for access?
 |  |  |
| 7b | * Explanation for the denial to the patient?
 |  |  |
| 7c | * How to handle appeals of the denial from the patient?
 |  |  |
| 7d | * Designation of a licensed healthcare professional to review denials/appeals?
 |  |  |
| 8 | Does the artifact(s) have official review/acceptance: | n/a |  |
| 8a | * Effective Date?
 |  |  |
| 8b | * Revision Date?
 |  |  |
| 8c | * Authorizing Sr./Executive Management Signature?
 |  |  |

Title(s) of Submitted Policy/Document/Artifact(s) Reviewed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stored Location of, or link to Artifact(s) Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall CDII Reviewer Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CDII Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Title of or link to Other Source(s) used (e.g., sources not in checklist, templates) – *optional*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_