

CATHOLIC CHARITIES
AGENCY POLICIES AND PROCEDURES

Policy Name:	Client/Client Representative Request to Access Records
Domain:	Program Administration 5.3
Policy Location:	www.archindy.org/intranet/shared/cci/index.html
Effective Date:	01/01
Dates of Revision:	12/00;04/02;03/04;06/07; 9/10; 2/14; 4/17; 4/20; 10/20; 12/23, 2/24
References:	Client Request to Access Electronic/Protected Health Information (PHI/EPHI), Decision Regarding Client Request to Access Electronic/Protected Health Information (PHI/EPHI)

POLICY:

Each client/client representative has the right to request to inspect and/or receive a copy of part or all of the information contained in the client's record maintained by Catholic Charities either in a paper format, or alternatively, in an electronic format if Catholic Charities uses an electronic record.

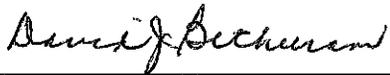
Access to confidential case records is limited to:

1. The service recipient/recipient representative or, as appropriate, a parent or legal guardian.
2. Personnel authorized to access specific information on a "need-to-know" basis.
3. Former service recipients.
4. Authorized individuals requesting records of deceased service recipients; and
5. Auditors, contractors, and licensing or accrediting personnel consistent with the CC confidentiality policy

PROCEDURES:

1. The client/client representative must submit a completed *Client Request to Access Electronic/Protected Health Information Form (PHI/EPHI)* to the program director.
2. The program director, in conjunction with the service line director and executive director (or designee), shall either approve or deny the client/client representative's request.
3. The client/client representative must be notified in writing, using the *Decision Regarding Client Request to Access Electronic/Protected Health Information (PHI/EPHI) Form*, whether the request has been approved or denied within 30 days of the request or within 60 days of the request if the record is not maintained on site.
4. Catholic Charities qualified personnel may deny access under the following circumstances:
 - A licensed professional has determined access may endanger life or safety.
 - There is reference to another person, and access could cause harm.
 - The request was made by a personal representative who may cause harm.
 - The request is for psychotherapy notes (this means notes recorded in any medium by any Catholic Charities provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session a group, or joint/family counseling session.)
 - The record was obtained from a third party in confidence and is not subject to review.
 - Additional circumstances for denial for HIPAA programs only:
 - The PHI/EPHI is subject to the Privacy Act.
 - The PHI/EPHI was compiled for a legal proceeding.
 - The PHI/EPHI is about an inmate and could cause harm.
 - The PHI/EPHI is a subject of research to which denial of access has been agreed.

5. If a client/client representative is permitted access to review part or all of the record, then Catholic Charities shall appoint a custodian to be physically present and monitor the client/client representative's review of the record. The review must be conducted in Catholic Charities offices. In the case of HIPAA programs, at no time may the custodian try to interpret or to otherwise explain the PHI/EPHI to the client/client representative. Reviews are carried out in a manner that protects the confidentiality of family members and others whose information may be contained in the record.
6. If the client/client representative is permitted a copy of part or all the record, then Catholic Charities designated personnel shall be informed and given proper instructions for preparing and distributing to the client/client representative.
7. Whether the client/client representative's request is approved or denied, the client/client representative shall receive a copy of the completed *Client Request to Access Electronic/Protected Health Information (PHI/EPHI)* and *Decision Regarding Client Request to Access Electronic/Protected Health Information (PHI/EPHI) Forms*. All originals will be placed in the appropriate client files. HIPAA programs shall place originals behind the privacy divider page in the appropriate client record.
8. The agency will follow existing state law governing minor's right to access their records. Emancipated minors shall have access to their records under the same policy as adult client/client representatives.
9. Catholic Charities uses legal consultation to periodically review and reconcile, if necessary, its policies with government laws or regulations related to protected health information.



David J. Bethuram
Executive Director

3/11/2024

Date

Catholic Charities
Client Request to Access Electronic/Protected Health Information
(PHI/EPHI)

Name: _____

Social Security Number: _____

Date of Birth: _____

Description of Protected Health Information Requested:

1. This request will terminate sixty (60) days after the date listed below.
2. I understand that CC may deny my request if it is permitted to do so by state and federal law.
3. I agree that the CC may provide a summary of the information requested instead of copies of the actual records.
4. I agree to pay CC all reasonable fees incurred in preparing the summary and providing it to me.

Client (or Personal Representative*) Signature

Date

Printed Name

If signed by Personal Representative, state relationship.

to Client: _____

ORIGINAL: In Client Record
COPY: To Client (or Personal Representative)

Catholic Charities (CC)
Decision Regarding Client Request to Access Protected Health Information (PHI)

Name and address of Client:

On _____, 20__, you requested access to inspect and/or copy certain protected health information or "PHI" about you.

Access to the following protected health information is:

_____ Approved (subject to any limitations described here): _____
_____ Denied (subject to any limitation described here): _____

The basis for any denial described above is as follows:

- The request is for Psychotherapy Notes. (Unreviewable)
- The information that is the subject of the request was created in anticipation of, or for use in a civil, criminal, or administrative proceeding. (Unreviewable)
- A licensed health care professional has determined, upon advice by a physician, and in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of yourself or another person. (Reviewable)
- The information makes reference to another person, who is not a health care provider, and a licensed health care professional has determined, upon advice by a physician, and in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person. (Reviewable)
- The request for access was made by the client's personal representative and a licensed health care professional has determined, upon advice by a physician, and in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person. (Reviewable)
- You are an inmate of a correctional institution and you're obtaining a copy of such information would jeopardize the health, safety, security, custody, or rehabilitation of yourself or other inmates, or the safety of an officer, employee, or other person at the correctional institution or person responsible for your transportation. (Unreviewable)
- Other (Describe and state whether Reviewable or not): _____

If access is denied on a ground identified above as "Reviewable," you have the right to have the denial reviewed by CC Executive Director who is designated by CC to act as the reviewing official, and who did not participate in the original decision to deny access. To have the above denial reviewed, please contact the Privacy Officer, in writing, at the following address:

Catholic Charities; Attention: Privacy Officer; 1400 N. Meridian St.; Indianapolis, In. 46202

As stated in our Privacy Notice, you have the right to contact our Privacy Officer at any time if you wish to file a complaint about our privacy policies and procedures or if you believe we have violated your privacy rights. You also have the right to contact the Department of Health and Human Services in Baltimore, Maryland regarding these matters, particularly if you do not believe that we have properly responded to your request. The contact information, both for our Privacy Officer and the Secretary, is as follows:

Catholic Charities
Privacy Officer
1400 N. Meridian St.
Indianapolis, In. 46202
(317)236 -1500

Privacy Complaints
U.S. Dept. of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Date

Authorized CC Staff Member

CC Staff Member Title

ORIGINAL: Client (or Personal Representative) COPY: Client Record