

SUBJECT: PATIENT RIGHTS TO HEALTH INFORMATION UNDER THE PRIVACY RULE POLICY	POLICY #1008
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ORGANIZATION-WIDE POLICY	
APPROVED BY: EXECUTIVE MANAGEMENT TEAM, JOINT OPERATING BOARD	EFFECTIVE: July 2018
POLICY OWNER: HEALTH INFORMATION MANAGER AND PRIVACY OFFICER	LAST REVIEWED: 10/26/2022

1. Purpose:

To honor patient rights regarding access to and amendment of protected health information (PHI) established by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and to establish safeguards for those rights.

2. Scope:

- 2.1. The Alaska Native Medical Center (ANMC) accredited campus and its staff, which include employees, residents, non-physician interns, students, volunteers, and contractors.
- 2.2. This policy applies to PHI which is subject to 42 C.F.R. Part 2 to the same extent as other types of PHI, meaning that patients exercise the same rights described in this policy over their Part 2 information as they do over their PHI which is subject only to HIPAA.

3. Definitions:

- 3.1. For purposes of this policy and its implementing procedures, these terms have the following definitions.
 - 3.1.1. Disclosure: the release, transfer, provision of access to, or divulging in any other manner of information outside of ANMC. Disclosures include information divulged in a hard-copy format, verbally, electronically, or in any other manner.
 - 3.1.2. Designated Record Set: a group of records maintained by or for ANMC, that is: the health records and billing records for patients maintained by or for ANMC; information used, in whole or in part, by or for ANMC to make decisions about patients; or the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan. For purposes of this definition, the term “record” means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for ANMC.
 - 3.1.3. Electronic Health Record (EHR): an electronic record of PHI on an individual created, gathered, managed, and used by ANMC.

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- 3.1.4. Personal Representative: a person legally authorized to make healthcare decisions or act on the patient’s behalf. This may include a parent or legal guardian.
- 3.1.5. Patient: an individual who is an inpatient or outpatient of ANMC and includes former patients and their personal representatives. In this policy and its corresponding procedure, wherever the word “patient” is used with regard to exercise of the patient’s individual rights, it should be read to include the patient’s personal representative, if any. However, a specific personal representative’s ability to act on behalf of the patient will depend on the scope of his or her authority.
- 3.1.6. Privacy Rule: the provisions of HIPAA located at 45 C.F.R. Parts 160 and 164, Subparts A and E, as amended from time to time.
- 3.1.7. Protected Health Information (PHI): all individually-identifiable health information that is a subset of health information, in any format, that is created or received by ANMC, including demographic information, and relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual or payment for that care, or identifies the individual or could reasonably be used to identify the individual. This does not include: education records covered by the Family Educational Rights and Privacy Act; employment records held by ANMC in its role as employer; or information regarding a person who has been deceased for more than 50 years. For the purpose of this policy, PHI includes substance use disorder patient records subject to 42 C.F.R. Part 2.

4. Policy:

- 4.1. Patient Rights to Access PHI. ANMC respects and recognizes patient rights regarding their PHI and has adequate procedures to honor patients’ rights by:
 - 4.1.1. ensuring that patients receive a copy of the Notice of Privacy Practices and notice of their patient rights and ANMC’s duties with respect to PHI, in accordance with the *Notice of Privacy Practices Procedure #1000-10* and the Privacy Rule at 45 C.F.R. §164.520;



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- 4.1.2. providing a process for requesting restrictions on use and disclosure of PHI, including restrictions on disclosures to a health plan, in accordance with the *ANMC Patient Right to Request Restrictions on Use or Disclosure of Health Information Procedure #1008-05* and the Privacy Rule at 45 C.F.R. §164.522(a);
- 4.1.3. providing a process to request ANMC’s confidential communications of PHI by alternative means or at alternative locations, in accordance with the *ANMC Patient Right to Request Confidential Communications on Health Information Procedure #1008-04* and the Privacy Rule at 45 C.F.R. §164.522(b);
- 4.1.4. providing a process for patients to access, inspect, and obtain a copy of PHI maintained in ANMC’s designated record set, in accordance with the *ANMC Patient Right to Access and Copy Health Information Procedure #1008-03* and the Privacy Rule at 45 C.F.R. §164.524;
- 4.1.5. providing a process for a patient to request an amendment or correction to PHI if the patient feels the information is incomplete or inaccurate, in accordance with the *ANMC Patient Right to Request to Amend Health Information Procedure #1008-02* and the Privacy Rule at 45 C.F.R. §164.526; and
- 4.1.6. providing a process for a patient to receive an accounting of disclosures, in accordance with the *ANMC Patient Right to Accounting of Disclosures Procedure #1008-01* and the Privacy Rule at 45 C.F.R. §164.528.
- 4.2. Non-Retaliation. ANMC prohibits retaliatory action against any individual who exercises their patient rights or participates in any process intended to protect those rights, including the use of the complaint process.
- 4.3. Waiver of Rights. ANMC does not require individuals to waive their patient rights to PHI under the Privacy Rule as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits.
- 4.4. Privacy Officer. Privacy Officers are responsible for the processes required under ANMC privacy policies and procedures with regard to these patient rights. The Privacy Officers are also responsible for providing a process by which individuals may complain about privacy or security of PHI at ANMC.



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References:

- 1) *Notice of Privacy Practices Procedure #1000-10*
- 2) *Patient Right to Accounting of Disclosure of Protected Health Information Procedure #1008-01*
- 3) *Patient Right to Request to Amend Health Information Procedure #1008-02*
- 4) *Patient Right to Access and Copy Health Information Procedure #1008-03*
- 5) *Patient Right to Request Confidential Communications of Health Information Procedure #1008-04*
- 6) *Patient Right to Request Restrictions on Use or Disclosure of Health Information Procedure #1008-05*
- 7) *Notice of Privacy Practices*
<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>
- 8) *Privacy Rule at 45 C.F.R.*
[https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html#:~:text=The%20Privacy%20Rule%20protects%20all,health%20information%20\(PHI\).%22](https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html#:~:text=The%20Privacy%20Rule%20protects%20all,health%20information%20(PHI).%22)