

**Beacon Comprehensive Behavioral Health Management  
Policy and Procedure Manual**

<b>Policy Name:</b> Patient Rights	<b>HIPAA Privacy Regulations</b>
<b>Date:</b> 11-02 <b>Reviewed by QI Committee:</b> 11-06, 11-07, 11-08, 11-09, 9-10, 11-10, 11-11 <b>Revised by QI Committee:</b> 11-06, 11-07, 11-09, 9-10, 11-10, 11-11	<b>Page:</b> 1 of 3 <b>Policy Number:</b> HP-9

**Purpose:** To allow for examination, amendment, and accounting of disclosure of protected health information maintained by Beacon Comprehensive Behavioral Health Management (Beacon CBHM) after April 14, 2003 when requested in writing by the patient and/or legal guardian.

**Policy:**

1.0 Review and Amendment

- 1.1 At the time that a patient and/or legal guardian requests to examine and/or amend his/her health information, s/he will be transferred to the QI Executive Assistant who will advise them to submit their request in writing using the “Personal Health Information Access Form.” This form will be mailed or faxed to requesting party within one business day.
- 1.2 The “Personal Health Information Access Form” includes the following:
  - 1.2.1 A statement about Beacon CBHM and its role in maintaining and disclosing protected personal health information.
  - 1.2.2 A listing of the types of documentation kept by Beacon CBHM and a checklist to designate which type of documentation patient and/or legal guardian requests to review.
  - 1.2.3 Signature line.
  - 1.2.4 A self-addressed stamped return envelope.
  - 1.2.5 Instructions to return within 30 calendar days.
- 1.3 When Beacon CBHM receives the completed “Personal Health Information Access Form”, it will be date stamped and given to the Vice-President of Product Management and Compliance to gather and review the requested information for appropriateness of release. The review is to be completed within 10 calendar days.
- 1.4 If the Vice-President of Product Management and Compliance determines that the release of the health information would represent an imminent danger to the patient and/or legal guardian, legal counsel will be obtained to determine if information should be withheld under State Guidelines. If these guidelines are met the Vice-President of Product Management and Compliance will send a letter to patient advising that records cannot be released for review directly to patient, however, Beacon CBHM will release to a health care professional for their review with the patient. Letter will be sent by certified, registered mail to the patient and/or legal guardian within 30 calendar days from date of initial request.
- 1.5 If the Vice-President of Product Management and Compliance determines that the release of the health information represents no imminent danger to the patient

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and/or legal guardian, the requested health information will be sent by certified, registered mail within 30 calendar days to the patient and/or legal guardian along with a “Amendment to Personal Health Information Form.”

- 1.6 The “Amendment to Personal Health Information Form” includes the following:
  - 1.6.1 Instructions for Completion
  - 1.6.2 Area for written comment
  - 1.6.3 Signature Line
  - 1.6.4 Self-addressed stamped return envelope.
  - 1.6.5 Instructions to return within 30 calendar days.
- 1.7 When Beacon CBHM receives the “Amendment to Personal Health Information Form” it will be date stamped and given to the Vice-President of Product Management and Compliance to review and determine whether to accept or deny.
- 1.8 If the “Amendment to Personal Health Information Form” is denied, a denial reason will be noted on the form along with any comments. Patient/Legal Guardian will be sent a written letter explaining the denial, which will include the following: The basis for the denial; the right to submit a written statement disagreeing with the denial and how to exercise that right; a statement that the patient/legal guardian can request to include the request and the denial with any future disclosures of the protected health information; and a description of how a complaint may be filed.
- 1.9 The “Amendment to Personal Health Information Form” will be included in the patient’s medical record and any future release of protected health information will include the patient and/or legal guardian’s amendment as well as any additional appeals and/or rebuttals.
- 1.10 All above actions taken will be dated and documented in the patient’s electronic file.

2.0 Accounting of Disclosure

- 2.1 At the time that a patient and/or legal guardian requests an accounting of protected health information disclosed to outside entities, s/he will be transferred to the QI Executive Assistant who will advise them to submit their request in writing using the “Request for Accounting of Personal Health Information Disclosures Form.” This form will be mailed or faxed to requesting party within one business day.
- 2.2 The “Request for Accounting of Personal Health Information Disclosures Form” includes the following:
  - 2.2.1 A statement about Beacon CBHM and its role in maintaining and disclosing protected personal health information.

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- 2.2.2 A requested time frame for disclosures after April 14, 2003.
- 2.2.3 Signature line.
- 2.2.4 A self-addressed stamped return envelope.
- 2.2.5 Instructions to return within 30 calendar days.
- 2.3 When Beacon CBHM receives the completed “Request for Accounting of Personal Health Information Disclosures Form” it will be date stamped and given to the Vice-President of Product Management and Compliance to review the request and prepare the accounting. The accounting will be completed and mailed within 10 calendar days.
- 2.4 The accounting will include:
  - 2.4.1 The date of disclosure
  - 2.4.2 The name or entity or person who received protected health information, and if known, the address of entity or person
  - 2.4.3 A brief description of protected health information disclosed
  - 2.4.4 A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual’s authorization, or a copy of the written request for disclosure.
- 2.5 All above actions taken will be dated and documented in the patient’s electronic file.

### 3.0 Grievances

- 3.1 At the time that a patient and/or legal guardian requests to file a grievance regarding the use and disclosure of protected health information, s/he will be transferred to the QI Executive Assistant who will advise them regarding the grievance procedure. Reference policy RR.3 “Complaint Policy”.
- 3.2 The patient/legal guardian will receive notification of complaint resolution within 30 calendar days. Notification will include appeal options to the appropriate state agency should patient disagree with complaint resolution.
- 3.3 All above actions taken will be dated and documented in the patient’s electronic file.

### 4.0 Restriction of Disclosure Related to Health Care Operations

Patients may request a restriction of disclosure of protected health information when they have paid out-of-pocket and in full for services rendered. If restriction is requested, an administrative note will be entered into patient’s file indicating the date of the request for restriction and the dates of services covered by the restriction.