HIPAA Privacy Rule and Patient Rights

Effective Date: September 12, 2017

Policy Statement

Columbia University’s Healthcare Component (CUHC) will comply with all regulatory requirements including Patient Rights as set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and amended by the Health Information Technology for Economic and Clinical Health Act (HITECH).

Reason(s) for the Policy

The HIPAA Privacy Rule affords patient rights related to their health information including rights to examine and obtain a copy of their health records and to request corrections to their health information. This policy informs workforce members how Columbia administers the patient privacy rights as required by the HIPAA Privacy Rule.

Primary Guidance to Which This Policy Responds

HIPAA Rule 45 CFR Parts 160 and 164 subparts A and C

Responsible University Office & Officer

Office of HIPAA Compliance, Chief Privacy Officer
ColumbiaDoctors, Director, Health Information Management

Revision History

Issued: December 2003
Revised: September 12, 2017

Who is governed by this Policy?

All CUHC workforce members

Who Should Know This Policy

All CUHC workforce members

Exclusions & Special Situations

None

Policy Text

The HIPAA Privacy Rule provides patients with rights related to the use and disclosure of their protected health information (PHI). These rights are described in the Notice of Privacy Practices (Notice). The Notice is provided to every new patient, posted in faculty practice locations and
also posted on the medical center website. The Notice informs patients of their privacy rights and how to exercise their rights. Patients should be directed or provided with the appropriate HIPAA form to make a request or file a complaint. The forms can be found on the HIPAA Compliance webpage.

Patient Privacy Rights include:

1. The right to inspect their Protected Health Information (PHI) in the designated record set and obtain a copy, including an electronic copy of their PHI
2. The right to request an amendment of the PHI in their legal health record
3. The right to an accounting of disclosures
4. The right to request a restrictions on the use and disclosure of their PHI
5. The right to request a restriction on a disclosure to their health plan for services paid for out of pocket
6. The right to request Confidential Communications including that Columbia communicate with the patient at an alternate location (at work instead of at home) or via alternate means (cell phone only)
7. The right to receive a paper copy of the Notice of Privacy Practices, even if the patient has received the Notice electronically
8. The right to file a complaint if they believe their privacy rights have been violated
9. The right to choose someone to act for you
10. The right to be notified of a HIPAA Breach

1. **Right to inspect and receive a copy of their PHI**

The patient right to inspect or obtain a copy of their PHI includes some limitations:

- A patient must request to access, inspect, or obtain a copy of their PHI in writing.
- The patient may only access, inspect or obtain a copy of their PHI if that information is part of the legal health record.
- A request to inspect or view the original medical record is a right afforded to every patient. Requests to inspect medical information must be submitted in writing to the Health Information Management department (HIM).
- To request a copy of their medical information or to send a copy of their medical information to another organization or individual, the patient should complete the Authorization to Release Medical Information form.
- The patient has the right to request an electronic copy of their medical information if the health information is maintained in an electronic format.
- The patient has the right to designate a third party to receive a copy of their medical information. All such request must be authorized in writing by the patient and a copy of the authorization should be maintained in the patient’s record.
- Columbia may accept verbal authorization from a parent or an adult patient to send immunization records to a school or other educational institution. This request should be documented in the medical record.
2. **Right to request an amendment of their PHI**

The HIPAA Privacy Rule provides patients with a right to amend their medical information. This includes patient information in any media (paper or electronic).

All requests must be made in writing and include information to support the reason for the amendment. Requests for amendments should be sent to Health Information Management who will provide a written response to the patients within 60 days. Refer to the Health Information Management policy for additional information.

3. **Right to an Accounting of Disclosures**

The Health Information Management Department is responsible for receiving and processing patient requests for an Accounting of Disclosures. The form to request an Accounting of Disclosures is found on the HIPAA Compliance webpage.

Columbia is obligated to account for those disclosures to outside persons or entities that are subject to an accounting upon request by a patient.

4. **Right to Request Restriction on the use or disclosure of their PHI**

The HIPAA Privacy Rule grants patient’s the right to request restrictions regarding the use or disclosure of their PHI for treatment, payment and healthcare operations (TPO). The law also grants patients the right to request restrictions for other disclosures, such as those made to family members. Columbia is not required to accept a restriction request, however if Columbia agrees to the restrictions, Columbia must maintain the restriction for all future disclosures except in an emergency related to treatment of the patient.

The request should be placed in the medical record and linked to each record of care or the appropriate episode of care.

5. **Right to request restrictions on disclosures to their health plan for services paid for out of pocket**

Columbia must agree to a request from a patient to restrict disclosures of their PHI to their health plan if the disclosure of the PHI pertains solely to a health care service and the individual has paid for the service out of pocket. Refer to the Clinical Revenue Self Pay FSC Selection Policy for additional information.

6. **Request for Communications at an alternate location or by alternate means**

Patients may request to receive communication related to their medical information in a certain way (e.g., by phone only) or at a certain location (e.g., use work address). Patient requests for communications at an alternate location or by alternate means should be referred to complete the Request for Restriction on Use or Disclosure of
Health Information and forwarded to the Office of HIPAA Compliance.

7. **Right to a Paper Copy of the Notice of Privacy Practice**

Each Practice is responsible for maintaining paper copies of the Notice. A patient has the right to receive a paper copy of the Notice at any time. Staff can obtain copies of the Notice by contacting Columbia Print Services. The Notice is also available on the HIPAA website and posted in Practice locations.

8. **Right to file a complaint**

Patients should be encouraged to contact the Office of HIPAA Compliance to report a complaint. The HIPAA Privacy Rule provides every patient with the right to file a complaint with the Office for Civil Rights. The contact information for the Office for Civil Rights (OCR) is included in the Notice.

9. **Right to Designate a personal representative to act on your behalf**

Subject to certain exceptions, a patient has the right to appoint an individual as their personal representative with respect to uses and disclosures of their protected health information, as well as their other rights under the Rule. Refer to 45 CFR 164.502(g) for additional information.

10. **Right to be notified of a breach**

A patient has the right to be notified of a breach of their PHI. All information related to breach notification is maintained by the Office of HIPAA Compliance and patient notification is coordinated by the Office of HIPAA Compliance.

Patients or staff with questions about completion of a form, the status of a request or complaint may contact the Office of HIPAA Compliance Office at 212-305-7315 or HIPAA@cumc.columbia.edu

**Document Retention**

All documentation relating to patient rights will be maintained for a minimum of six (6) years.

**Responsibilities**

Review policy to respond to patients requesting to exercise their rights related to their protected health information

**Definitions**

*Columbia University Healthcare Component (CUHC)* - Columbia University is a Hybrid Entity that has designated as its Healthcare Component (the *Columbia University Healthcare Component*) Columbia University Medical Center and the other colleges, schools, departments
and offices of the University to the extent that they (i) provide treatment or health care services and engage in Covered Transactions electronically or (ii) receive Protected Health Information to provide a service to, or perform a function for or on behalf of, the Columbia University Healthcare Component.

**HIPAA Rules** - The HIPAA Privacy, Security, Breach Notification HITECH and Enforcement Rules as amended from time to time 45 CFR 160 and 164

**Protected Health Information** – Information about a patient, including demographic information, that may identify a patient, which relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present or future payment for the provision of health care to a patient.

**Contacts**

Office of HIPAA Compliance, Chief Privacy Officer  
HIPAA@cumc.columbia.edu  
Tel: (212) 305-7315

Health Information Management, Director  
ColumbiaDoctors-HIM@cumc.columbia.edu

**Web Address**

Office of HIPAA Compliance  
http://www.cumc.columbia.edu/hipaa/index.html

Health Information Management  
https://secure.cumc.columbia.edu/columbiadoctors/HIM/index.html

**Appendix**

Authorization to Release Medical Information  
Amendment of Medical Information  
Request for an Accounting of Disclosures  
Patient Request Do Not Bill Health Plan  
Request for Restrictions on Uses and Disclosures of Health Information  
Privacy Rights Complaint  
Notice of Privacy Practices