

**LIMBERG EYE SURGERY  
LIMBERG LASIK INSTITUTE  
HALCYON SURGERY CENTER**

**Patient Right to Access - Policy and Procedures**

The following Policy and Procedures are provided to ensure your rights as a patient to your health records pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Questions regarding this policy should be directed to Sanja Brewer, administrator for Limberg Eye Surgery. Please direct your request to the office that provided treatment, as records are generally located at the office or facility in which you were treated. If you are unable to reach the office in which you received treatment, please contact Limberg Eye Surgery's corporate office at 1270 Peach Street, San Luis Obispo, California.

**GENERAL POLICY**

Subject to exceptions, Limberg Eye Surgery, Limberg Lasik Institute, and Halcyon Surgery Center patients will be provided the right to inspect and/or obtain a paper copy of their protected health information (PHI) that is contained within their patient records whether located at Limberg Eye Surgery, Limberg Lasik Institute or Halcyon Surgery Center. Please note, if you are seen at an affiliate, you will need to identify whether you want records from Limberg Eye Surgery only or also from any affiliate. Exceptions include information compiled for use in civil, criminal or administrative actions, and information that is subject to prohibition by the Clinical Laboratory Improvements Amendments (CLIA) or psychotherapy notes. Notwithstanding the foregoing, we are required to have you execute a separate release authorization before we can release certain medical records not typically obtained at our office, including mental health treatment information, HIV test results, and alcohol/drug treatment information.

**IMPLEMENTING PROCEDURES**

**Requests for Access and Timely Action**

1. As a patient, you may request access to or request a copy of your PHI as contained in your practice medical records and chart at any Limberg Eye Surgery office. Requests for access to this information contained must be in writing.
2. Except as provided below, we must respond to a request for access no later than 30 days after receipt.
3. Special Circumstances:
  - a. If we are unable to provide access to the records in 30 days (60 days if information is contained off site) our designated privacy officer or his/her designee must provide a written statement to you outlining the reason for the delay and the date by which the request will be fulfilled.
  - b. If the request cannot be met within 60 days (90 days if your records are located off site), our designated privacy official or his/her designee shall be informed of the delay no later than 5 business days before the deadline and will act to remedy the situation.
  - c. If the records have been destroyed in accordance with office policy and or state law, or lost, the designated privacy officer or his/her designee must provide a written statement to the patient advising that the request cannot be fulfilled.

**To Provide Access**

In order to ensure that we provide timely, accurate information to you, we have established the following procedures:

1. We will produce PHI from the primary source.

2. We will provide a legible hard copy of the portions of the record requested. If for any reason you receive illegible copies, please return and we will correct the error.
3. A summary format of records may be provided if warranted but only if you agree to the format and the associated fees.
4. We will offer you a convenient time and place to inspect or obtain a copy of the records or will make arrangements to mail the copy.
5. We will charge reasonable cost-based fees for copying, postage, and preparing a summary for explanation as allowable and in accordance with state and federal law.

### **To Deny Access**

#### **Unreviewable Grounds to Deny Access**

We may deny access to your records in the following circumstances, which are unreviewable grounds for denial:

1. If we are acting under direction of a correctional institute and the information could jeopardize the health, safety, security, custody or rehabilitation of the individual, any officer, employee, or other inmates.
2. In the course of research that includes treatment, provided the patient has agreed to the denial of access when consenting to participate. The right of access will be reinstated upon completion of the research.
3. If the information that is contained in the records is subject to the Privacy Act, 5 U.S.C. Section 522a, and the denial meets the requirements of that law.
4. If we do not maintain the information; however, if we know where the information is maintained, we will endeavor to inform you where to direct your request.
5. If the PHI is exempted as outlined in the policy statement above.

#### **Reviewable Grounds to Deny Access**

We also may deny individual access in certain circumstances provided we give you the right to have such denials reviewed as described below, in the following circumstances:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
2. The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such person; or
3. The request for access is made by the individual's personal representative, and a licensed health care professional has determined, 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 other person.
4. If any of the above subsections 1-3 apply, then we must, to the extent possible, provide any other PHI after excluding the information to which the facility has a ground to deny access.
  - a. Our designated privacy office will provide written denial to you summarizing the nature of the denial and reasons therefor.
  - b. If we do not maintain the information you requested but know where the information is maintained, we will endeavor to inform you of the location so you can properly direct your request.
  - c. You may request a review of a denied request for access only under circumstances outlined in subsections 1-3, above. We will promptly refer the request for review to a licensed health care professional who is designated by the facility to act as a reviewing official and who did not participate in the original decision to deny access. The reviewing official must determine,

in a reasonable period of time, whether to deny the access requested. A written notice will be provided to you outlining the outcome of the review.

## **Required Documentation**

1. Pursuant to our policies, we document and retain the following information:
  - a. Designated patient records and charts subject to access by our patients.
  - b. The titles of the persons or offices responsible for receiving and processing requests for access by the individuals.
2. All correspondence and associated documentation related to patient access, including denials, must be maintained/retained for 6 years.