



Procedure Description		DEPARTMENT	Procedure
Medical Records Release Policy and Release Form		Operating	OP 06
ORIGINAL DATE:	RESPONSIBLE PARTY: Chief Financial Officer	Kathryn Mdoan	REVISED DATE: 1/18/2021
APPROVAL DATE: 1/20/2021	DATE REVIEWED: 1/20/2021		APPROVED BY: BOARD OF DIRECTORS
RESOLUTION NO:		BOARD CHAIR:	Dennis Beechler
1605 George Jackson Road, Maupin OR 97037 541-395-2911 Fax 541-395-2912			

## Medical Records Policy

### DESCRIPTION:

To establish guidelines for the contents, maintenance, and confidentiality of patient Medical Records also referred to as Protected Health Information (PHI) that meet the requirements set forth in Federal and State laws and regulations, and to define the portion of an individual's healthcare information, whether in paper or electronic format, that comprises the medical record.

### DETAILS:

#### CONFIDENTIALITY

All personnel having access to patient protected health records must sign a Clinic Staff Confidentiality statement.

Protected Health Information (PHI) may not be disclosed without the consent of the patient. (See attached Authorization for Use and/or Disclosure of Protected Health Information Form. Patients will be afforded the opportunity to consent to or deny the release of identifiable medical or other information except as require by law.

#### PATIENT ACCESS DEFINITIONS

These are definitions to terms found in the Patient Access and Security Rules under HIPAA. Understanding of these definitions will enable all medical staff to ensure all Patient Protected Health Information (PHI) is secure.

- **DOCUMENT IDENTIFICATION**  
All documents must be identified so that proper filing will be complete accurately All documents should have a patient's name and date of birth clearly identifying the patient so that all documents are placed in the correct patient Medical Record.
- **PATIENT ACCESS TO PROTECTED HEALTH INFORMATION**  
All patients will have the ability to review, inspect and/or obtain a copy of their Protected Health Information in their Medical record. Patients may request to review and inspect their Medical Records at any time. A patient does not have the right to immediate access to his or her medical record under the HIPAA Privacy Rule.

- **PATIENT RELEASE OF PROTECTED HEALTH INFORMATION**

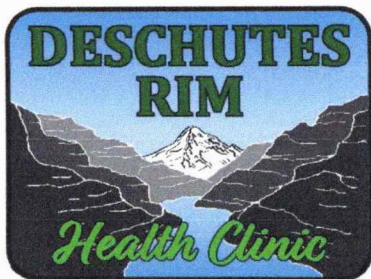
To provide practices protecting the confidentiality, privacy, and security of all Protected Health Information in compliance with patient expectations, regulations, and community standards; including but not limited to the Confidentiality of Medical Information Act and Health Insurance Portability and Accountability Act (HIPPA.) Medical Records Staff will never under any circumstances release Medical Record Information without a signed Authorization for Use and/or Disclosure of Protected Health Information Form.

- Patients may request a copy of their Medical/Dental Health Information record by completing and signing an Authorization for Use and/or Disclosure of Protected Health Information Form. All patient Medical/dental Health Information requests will be completed within 20 business days. Expediated service will cost \$6.95 and will be completed within 7 days.
- All other medical records requests must have an authorization for use and/or disclosure form attached prior to sending. Per ORS 192.398; ORS 136.447 and ORS193.563 there will be a charge of \$30.00 up to page 10; pages 11-50 at .50 cent per page and may charge an additional \$5.00 for a rush service and records within 7 days.



- **CONFIDENTIALITY BREACH ALLEGATION AND DESTRUCTION OF MEDICAL RECORD**

1. Notice of Privacy Practices, informs our patients of their rights under HIPAA's Privacy Rule to file a complaint with our Medical Records Supervisor/Privacy Officer and the Office of Civil Rights (OCR) when they have reason to believe we have violated their privacy rights.
  - The Clinic Director or appointed designee will take all complaints and/or allegations of non-compliance seriously and will fully investigate the allegations to determine what course of corrective action, if any, needs to be taken. The Clinic Director or appointed designee will notify the patient in writing the outcome of the investigation and what corrective action, if any, was taken within 60 days.
2. To provide guidelines on the removal, destruction, or recycling of paper and electronic medical records properly and ensure that during the destruction process the patients' Protected Health Information is not improperly disclosed; Protected Health Information may only be disposed of by means that assure that it will not be accidentally released to an outside party.
  - All papers with protected health information are deposited in locked bins and are shredded and disposed of under contract with a confidential document disposal company.



1605 George Jackson Rd  
PO Box 219  
Maupin, OR 97037  
P: 541-395-2911  
F: 541-395-2912

### Records Release Statement

To: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

# of Pages \_\_\_\_\_

Pages 1-10 \$30.00

Pages 11 and up \_\_\_\_\_ x .50 \$ \_\_\_\_\_

Rush Service Y \_\_\_ N \_\_\_ \$ \_\_\_\_\_

Total Charges \$ \_\_\_\_\_

Records will be released up receipt of payment.

Thank you,

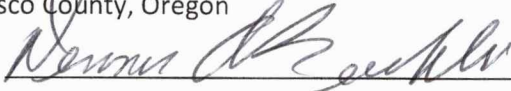
Deschutes Rim Health Clinic

Passed by a majority of the Board of Directors of White River Health District, with a quorum in attendance the 20<sup>th</sup> Day of January, 2021.

White River Health District dba Deschutes Rim Health Clinic

Wasco County, Oregon

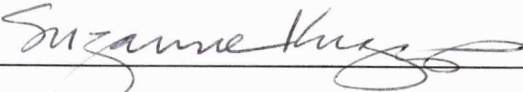
By



Dennis Beechler, Chairman of the Board

Attest:

By



Suzanne Knapp, Secretary of the Board