

SULLIVAN COUNTY PUBLIC HEALTH SERVICES

<p><u>POLICY:</u> Medical Record Request Processing Protocol</p> <p><u>PURPOSE:</u> Specify the protocol necessary for processing Medical record requests to clients of home care agency, law offices, record access companies, insurance companies and audit agencies.</p> <p><u>RESPONSIBLE PARTY:</u> Director Public Health, Medical Director Public Health, Director Patient Services, SPHN</p>	<p>Original Approval: 7/2020</p> <p>Revised: 10/21</p>
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EQUIPMENT: Authorization to Release Health information, Log of Record Requests and Releases, Client Accounting of Disclosure form, Record Retrieval Request form, Disclosure form, Certified mail slips.

PROCEDURE:

1. A request for medical records is received by the agency, date stamped and forwarded to personnel responsible for processing the requests. (SPHN)
2. Upon receiving, the request will be reviewed for completeness, and should have the following documents
 - a. an **Authorization to Release Health information** signed, by client or POA complete with dates of requested time frame of health records, any other documents, i.e. billing records.
 - b. If the Power of Attorney is requesting the information, the request should include the signed POA form by the client, designating the assigned POA to receive their records.
 - c. a cover letter from the requesting individual, agency or company with rationale for the request.
 - d. If the request is from the **Office of Temporary Disability Assistance (OTDA)**, the request page will have a cover page to use when faxing the records to them.
 - e. If there is a certification page included at times for court proceedings, this must be completed and notarized. The personnel that prepares the documents includes the number of pages of the records on the certification page, signs the form and has the form notarized by a Notary public. (This certification page will need to go with the record to the agency requesting it.)
3. Each request will be documented on 2 forms. **Log of Record Requests and Releases.**
4. Verify in the electronic medical records (EMR) to determine if the agency has provided services to this client. If they have received services, document the time period of their care on the Accounting Disclosure form.
5. If an OTDA request is received the documentation may be provided by the Early Intervention unit. If the client was cared for by the CHHA, then the CHHA personnel will copy the medical records requested. Please note that the ODTA provides a payment of 10.00 per request. Complete the form sent with the request and fax back to the office.
6. If the client has not been cared for by our agency, contact the agency requesting and notify that we do not have records for the individual. Complete the form, fax or mail to the agency (OTDA). Document this on the Client **Accounting of Disclosure Form** under comments and document on the log sheet under comments.
7. When the client's record is located in the EMR, CHHA personnel will access the designated electronic health record and print the designated record set, as specified by the dates included on the Authorization of Release of Health information. The medical record is to include visit notes by disciplines, notes for case communication for other services other than nursing, Physician's orders, (485 or interim orders) telephone calls to patient, calls to MD, communication with other agencies, Socioeconomic note, Medical surgical history note. Health care proxy, Lab results, referrals generated by our agency.
8. Obtaining chart that is more than 2 years old. Contact the personnel responsible for Records retention to obtain chart from the storage barn. The Principal Account Clerk will complete the Record **Retrieval Request form (on the portal) and** fax it to the records retention staff at the County Clerk's office at 807- 4010. The

Principal Account Clerk will need the following information to complete the form: Patient name, Date of Birth and date of provided services requested. They will process the form and send to the County Clerk's office. If the chart is needed urgently you can access the location of the chart in the cranberry binder in the Principal Account Clerk's office to determine what box the chart may be located.

9. If a Billing record has been requested, along with a medical record, contact Billing's Principal Account clerk via email with client's name, DOB and dates of episode to request a Billing record 835/ 837 for the services performed.
10. If the requested record is for an individual or agency, it will be necessary to charge for the copying. You will receive a notice if there should be no charge for the following agencies, i.e. Court requests, DOH request, Audit MACs or from an Insurance companies.
11. When all parts of the designated record set are copied draft a charge letter on agency letterhead following the protocol provided. Process the charge letter accordingly and await notification by the Principal Account clerk that the payment has been received and that it is necessary to fax/ mail the chart immediately
12. Process the record in the mail using certified mail and follow the protocol for Medical Record requests.
13. If the documents are to be faxed, follow the protocol for scanning.
14. If the documents are to be sent on a CD, prepare the records and scan them. Follow the protocol for Medical record request.
15. When the medical record requested has been sent and documents obtained to show proof that the parties received their documentation, document this information on the Accounting disclosure form and place all documents in the Accounting Disclosure Binders, alphabetically.

Appendices

Sample Charge letter contents to go on agency Letter head with addresses as necessary.

Date of letter,

Dear Mr. Mrs./MS _____

The agency has received the completed Authorization to Release of Health information form for _____ The fee for copying is \$.75/per page. There is a total of ___ pages, for a cost of \$ ____ Our tax provider number is 146002812. When we receive your payment, I will send the information you requested.

If you have any questions, please feel free to call me at the provided number 845 292 5910 ext. ____

Sample Cover Letter

Date of letter

Dear Mr./ Mrs./ MS. _____

The agency has received the payment for the record for the patient _____. Enclosed is the record that you have requested. (add any other notes in here pertinent to the record, i.e. if billing record could not be provided)

If you have any questions, please feel free to call me at 845-292-5910 ext. 2244.

Add closure as appropriate.