
HIPAA Policy 5002**Right to Request Access and Amendment to Designated Record Set**

Responsible Office Office of the Provost
Responsible Official Privacy Officer

Effective Date April 14, 2003
Last Revision December 17, 2020

Scope

This policy applies to the University's Covered Components and those working on behalf of the covered components, designated as such for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Covered Components are: (1) the Group Health Plan Component; and (2) the Covered Health Care Component, which includes the School of Nursing, the Department of Psychology clinics, Yale Health and the School of Medicine (except the School of Public Health and the Departments of Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology, and WM Keck Biotechnology Resources Laboratory).

Policy Statement

In accordance with the law and relevant University procedures, individuals have the right to access and request amendment of their PHI that is maintained in their designated record set. Records maintained in an electronic health record must be provided in a readable electronic form and format if so requested by the individual when requesting access to their PHI. Patients will be provided timely access to their records in accordance with HIPAA and the 21st Century Cures Act.

Reason for the Policy

To afford patients the right to inspect and obtain a copy, including an electronic copy when appropriate, of health information about themselves and to request amendment of their health information in the Yale University (Yale) Designated Record Set.

To clarify for members of the Yale workforce how patients may access their health information and when and how an amendment will be accepted.

Definitions**Confidential Communications**

Refers to the ability of an individual to request that their health information be protected through the use of an alias or by using a different mailing address.

Covered Entity

Covered entity means an entity that is subject to HIPAA. Yale University is the covered entity for HIPAA compliance purposes. Because Yale is a Hybrid Entity, only Yale's designated Covered Components are subject to HIPAA requirements.

Designated Record Set

Medical, clinical research and billing records about an individual maintained or used to make decisions about the individual and the individual's treatment. and subject to an individual's right to request access and amendment.

Disclosure

The release, transfer, provision of access to, or divulging in any other manner of protected health information outside of the entity holding the information.

Electronic Health Record

An electronic record of health-related information of an individual that is created, gathered, managed and consulted by authorized health care clinicians and staff.

Legally Authorized Representative

A person authorized either by state law or by court appointment to make decisions, including decisions related to health care, on behalf of another person, including someone who is authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure involved in the research.

Protected Health Information (PHI)

Any individually identifiable health information, including genetic information and demographic information, collected from an individual, whether oral or recorded in any form or medium that is created or received by a covered entity (Yale School of Medicine (excluding the School of Public Health, the Animal Resources Center, and the basic science departments: Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology and WM Keck Biotechnology Resources Laboratory), Yale School of Nursing, Yale Health, Department of Psychology Clinics and the Group Health Plan component)

PHI encompasses information that identifies an individual or might reasonably be used to identify an individual and relates to:

- The individual's past, present or future physical or mental health or condition of an individual; OR
- The provision of health care to the individual; OR
- The past, present or future payment of health care to an individual.

Information is deemed to identify an individual if it includes either the patient's name or any other information that taken together or used with other information could enable someone to determine an individual's identity. (For example: date of birth, medical records number, health plan beneficiary numbers, address, zip code, phone number, email address, fax number, IP address, license numbers, full face photographic images or Social Security Number see [Policy 5039](#) for a list of [HIPAA Identifiers](#))

PHI excludes individually identifiable health information in education records covered by the Family Educational Right and Privacy Act (FERPA) (records described in 20 USC 1232g(a)(4)(B)(iv)) and employment records held by a covered entity in its role as employer. PHI also excludes information related to individuals who have been deceased for more than 50 years. (see also definitions of "health information" and "individually identifiable health information")

TPO

Treatment, Payment, Health Care Operations

Use

Sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within an entity that holds such information.

See the [HIPAA Glossary](#) for a complete listing of HIPAA terms

Procedures

[5002B PR1](#) Right to Request Access and Amendment to Designated Record Set

Forms and Exhibits

[5002 EX.A](#) Designated Record Set

5002 Forms: Request Amendment of PHI Retained in Designated Record Set

Request Access to PHI

Contacts

Subject	Contact	Phone
HIPAA Compliance	Chief HIPAA Privacy Officer	432-5919
Information Security	Central Campus Help Desk	203-432-9000
	Medical School Campus Help Desk	203-785-3200

Roles and Responsibilities

Office of the Provost

Responsible for University compliance issues including HIPAA

Office of General Counsel

Interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

University Information Security Officer

Individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

Chief HIPAA Privacy Officer

Individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Benefits Office
- Deputy Privacy Officer, Department of Psychology Clinics

Revision History

Revised September 2013

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.
