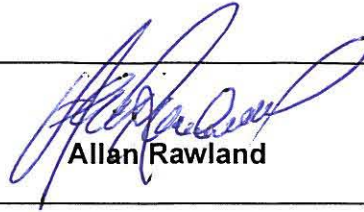


**County of San Bernardino  
Department of Behavioral Health**

**Access and Amendment of Medical Records Procedure**

Effective Date 4/2003  
Revision Date 7/14/08



Allan Rawland

**Purpose** To provide guidelines for responding to requests to access and/or amend medical records containing protected health information (PHI), within the Department of Behavioral Health (DBH).

**Access or Summary of Medical Records** If a consumer, or a legal representative of the consumer, desires access to his/her medical records, to inspect or copy, or to obtain a summary, he/she must be given the [Release of Information: Patient's Right of Access to His/Her Own Medical Record Spanish](#) and the [Access to Medical Records Request form Spanish](#) to be completed and returned to the Medical Records Office.

If a third party is requesting access to inspect or copy, or obtain a summary of a consumer's medical record, the consumer must provide DBH with written authorization (See [Authorization to Release Protected Health Information Policy](#) and [Procedure](#)).

**Note:** Medical Records must inform the requestor of the costs for copies after the request has been reviewed and costs have been determined.

The following process occurs after the request has been submitted:

| Stage | Description   |
|-------|---|
| 1     | <p>Medical Records verifies the identity of the requestor, logs and dates receipt of request, and sends the following to a Licensed Practitioner of the Healing Arts (LPHA - psychiatrist, psychologist, licensed social worker or licensed marriage/family therapist):</p> <ul style="list-style-type: none"> <li>• Completed original Access to Medical Records Request form</li> <li>• <a href="#">Internal Tracking of Access to Medical Records Request form</a> (Medical Records completes their portion)</li> <li>• <a href="#">Response to Access to Medical Records Request form Spanish</a></li> <li>• Consumer's medical record</li> </ul> <p><b>Note:</b> Medical Records is required to respond to allow inspection of medical records within <b>five (5) working days</b> and copies must be made available within <b>fifteen (15) days</b> after receipt of the written request.</p> |

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**Access and Amendment of Medical Records Procedure,**  
Continued

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**Access or Summary of Medical Records (continued)**

| <b>Stage</b> | <b>Description</b>  |
|--------------|---|
| 2            | <p>The LPHA will then:</p> <ol style="list-style-type: none"><li>1. Note timeline to return form.</li><li>2. Determine whether to allow access to inspect or copy, or to provide a summary.</li><li>3. Complete applicable forms</li><li>4. Return all paperwork to the Medical Records Office.</li></ol> <p><b>Note:</b> If the request is for a summary, and the request is approved, the LPHA will send the summary along with the other paperwork. Summaries must be provided within <b><u>ten (10) working days</u></b> from the request date. If an extension is needed the requestor must be notified and delivery must not exceed <b><u>thirty (30) days</u></b> from the written request date.</p> |

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**Access and Amendment of Medical Records Procedure,**  
Continued

**Access or Summary of Medical Records (continued)**

| Stage                                  | Description  |       |         |                     |   |  |  |
|--|--|-------|---------|---------------------|---|--|--|
| 3                                      | <p>Medical Records Office ensures the Response to Request to Access Medical Records form is complete and the following will occur:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If...</th> <th style="text-align: center;">Then...</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Request is approved</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Medical Records contacts the consumer or other requestor to notify them of the approval and to ask if they would like the records to be mailed, or if they would like to pick them up</li> <li>• Medical Records mails a copy of the approval, as well as copies if applicable, by certified mail if the consumer requests it to be mailed</li> </ul> <p><b>Note:</b> Inspection is offered as soon as approval is received.</p> </td> </tr> <tr> <td style="vertical-align: top;">Request is denied, in whole or in part</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• LPHA includes documentation of decision and justification in consumers chart</li> <li>• Medical Records mails a copy of the denial by certified mail to the consumer within <b>five (5) working</b> days</li> </ul> </td> </tr> </tbody> </table> <p><b>Note:</b> The client shall be informed of rights of appeal and designating an outside healthcare provider to obtain access or copies of medical records (this information is on the Response to Request to Access Medical Records form).</p> | If... | Then... | Request is approved | <ul style="list-style-type: none"> <li>• Medical Records contacts the consumer or other requestor to notify them of the approval and to ask if they would like the records to be mailed, or if they would like to pick them up</li> <li>• Medical Records mails a copy of the approval, as well as copies if applicable, by certified mail if the consumer requests it to be mailed</li> </ul> <p><b>Note:</b> Inspection is offered as soon as approval is received.</p> | Request is denied, in whole or in part | <ul style="list-style-type: none"> <li>• LPHA includes documentation of decision and justification in consumers chart</li> <li>• Medical Records mails a copy of the denial by certified mail to the consumer within <b>five (5) working</b> days</li> </ul> |
| If...                                  | Then...  |       |         |                     |   |  |  |
| Request is approved                    | <ul style="list-style-type: none"> <li>• Medical Records contacts the consumer or other requestor to notify them of the approval and to ask if they would like the records to be mailed, or if they would like to pick them up</li> <li>• Medical Records mails a copy of the approval, as well as copies if applicable, by certified mail if the consumer requests it to be mailed</li> </ul> <p><b>Note:</b> Inspection is offered as soon as approval is received.</p>  |       |         |                     |   |  |  |
| Request is denied, in whole or in part | <ul style="list-style-type: none"> <li>• LPHA includes documentation of decision and justification in consumers chart</li> <li>• Medical Records mails a copy of the denial by certified mail to the consumer within <b>five (5) working</b> days</li> </ul>   |       |         |                     |   |  |  |

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**County of San Bernardino  
Department of Behavioral Health**

**Access and Amendment of Medical Records Procedure,**  
Continued

**Amendment of  
Medical  
Records**

A requestor who believes his/her medical record is incomplete and/or inaccurate must submit a written request to make an amendment of the medical record and shall be given the [Request to Amend Protected Health Information \(PHI\) form Spanish](#) to be filled out and delivered to the Medical Records Office.

The following process occurs thereafter:

| Stage               | Description   |       |         |                     |   |                   |  |
|---------------------|---|-------|---------|---------------------|---|-------------------|--|
| 1                   | Medical Records Office sends a packet to an LPHA containing: <ul style="list-style-type: none"> <li>• Completed original Request to Amend Protected Health Information (PHI) form</li> <li>• <a href="#">Response to Request to Amend PHI form Spanish</a></li> <li>• Consumer's medical record</li> </ul>  |       |         |                     |   |                   |  |
| 2                   | The LPHA will then: <ol style="list-style-type: none"> <li>1. Review the medical record to determine the decision</li> <li>2. Complete Response to Request to Amend PHI form</li> <li>3. Return all paperwork to the Medical Records Office</li> </ol>  |       |         |                     |   |                   |  |
| 3                   | Medical Records notifies the consumer of an acceptance or denial within <b>thirty (30) days</b> of the request and the following will occur: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;">If...</th> <th style="text-align: center;">Then...</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Request is approved</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>• Medical Records sends consumer a copy of the completed Response to Request to Amend PHI form</li> <li>• The amendment is placed in the medical record and is made available with the amended information</li> <li>• Medical Records must make reasonable efforts to send amended information to persons/entities requiring it</li> </ul> </td> </tr> <tr> <td style="padding: 5px;">Request is denied</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>• Medical Records sends the consumer a copy of the completed Response to Request to Amend PHI form</li> </ul> </td> </tr> </tbody> </table> <p style="margin-top: 10px;"><b>Note:</b> The client shall be informed of appeal rights (this information is on the Response to Request to Amend PHI form).</p> | If... | Then... | Request is approved | <ul style="list-style-type: none"> <li>• Medical Records sends consumer a copy of the completed Response to Request to Amend PHI form</li> <li>• The amendment is placed in the medical record and is made available with the amended information</li> <li>• Medical Records must make reasonable efforts to send amended information to persons/entities requiring it</li> </ul> | Request is denied | <ul style="list-style-type: none"> <li>• Medical Records sends the consumer a copy of the completed Response to Request to Amend PHI form</li> </ul> |
| If...               | Then...   |       |         |                     |   |                   |  |
| Request is approved | <ul style="list-style-type: none"> <li>• Medical Records sends consumer a copy of the completed Response to Request to Amend PHI form</li> <li>• The amendment is placed in the medical record and is made available with the amended information</li> <li>• Medical Records must make reasonable efforts to send amended information to persons/entities requiring it</li> </ul>   |       |         |                     |   |                   |  |
| Request is denied   | <ul style="list-style-type: none"> <li>• Medical Records sends the consumer a copy of the completed Response to Request to Amend PHI form</li> </ul>  |       |         |                     |   |                   |  |