

# Stark County Board of Developmental Disabilities

HIPAA Procedure 8: HIPAA Request for Access	Effective: 4/14/2003
Chapter 2: Agency Administration	Page 1 of 1

**Subject: HIPAA Request for Access**

Under HIPAA, an individual served, legal guardian, or parent or legal guardian of an individual under the age of eighteen (hereinafter referred to as “Individual Served”), has the right to inspect and/or receive a copy of their Protected Health Information (PHI) that is contained in his/her designated record set, that being the medical record, billing records, and any other record that is used to make healthcare decisions. The Individual Served must submit a written request ([HIPAA-1 form](#)), describing the record to be accessed and the preferred means of access. Written requests for access to records by the Individual Served shall be sent to the Privacy Officer.

The Request for Access Form (HIPAA-1) may only be used when an Individual Served is seeking personal access to their information. If the Individual Served is requesting that the information be released or disclosed to a third party, the Authorization for Release of Information Form ([HIPAA-ARI-1B](#)) must be used.

Once the HIPAA-1 form is received by a Case Record Administrator or the Privacy Officer, it is to be routed to the appropriate Compliance Committee Member as directed on the form. The applicable Compliance Committee Member is responsible for overseeing the request and its proper response.

The Board has the right, under limited circumstances, to deny the request of an Individual Served to inspect and/or copy medical/billing records. The requestor will be notified within thirty (30) days of whether the Board is denying the request, and if so, information regarding one’s right to dispute the denial. If the request is not denied, the requested information will be supplied within thirty (30) days. All denials of access must be reviewed and completed by following [HIPAA Procedure 9, Denial of Access](#).

Applies to:            Yes            No All Employees            X Non Represented SCEPTA SCDD SSA See Current Bargaining Agreement	<b>Historical Resolution Information</b> Policy 2.22 HIPAA  <table style="width: 100%;"> <tr> <td style="text-align: left;"><b>Date</b></td> <td style="text-align: left;"><b>Resolution Number</b></td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table> <b>Procedure Revision</b> 6/1/12	<b>Date</b>	<b>Resolution Number</b>	1/19/13	01-09-13
<b>Date</b>	<b>Resolution Number</b>				
1/19/13	01-09-13				
Superintendent’s Signature:	Reviewer(s): Privacy Officer Security Officer				