



**Individual Requests Regarding Use, Inspection,
And/or Correction of PHI Procedure (BEN-P015)**

The online version of this procedure is official. Therefore, all printed versions of this document are unofficial copies.

1.0 SCOPE:

- 1.1 This procedure describes the process in which Risk Management deals with individual requests regarding the use, inspection and/or correction of the members PHI at the Washoe County School District.

2.0 RESPONSIBILITY:

- 2.1 Risk Manager

3.0 APPROVAL AUTHORITY:

- 3.1 Risk Manager

(Approval signature on file)

Signature

Date

4.0 DEFINITIONS:

- 4.1 PHI – Protected Health Information
- 4.2 RM – Risk Management
- 4.3 PHI – Personal Health Information
- 4.4 HIPAA – Health Insurance Portability and Accountability Act

5.0 PROCEDURE:

Not to Use or Disclose Health Information

- 5.1 Member requests RM not to use or disclose any or all of their health information.
- 5.2 RM will have the member complete the WCSD Group Health Plan Individual Request Not to Use or Disclose Health Information Form (BEN-F011).
 - 5.2.1 When the form has been completed, signed, and dated by the member, the Risk Manager will review for determination of whether the Group Health Plan will agree to the requested restriction(s).
 - 5.2.2 Risk Manager will then note determination on BEN-F011 Form; copy will go in HIPAA binder and one to the Employee File.

PHI Inspection

- 5.3 Member request RM for inspection of their health information.
- 5.4 RM will have the member complete the WCSD Group Health Plan Individual Request to Inspect Health Information Form (BEN-F011).
- 5.5 When the BEN-F012 Form has been signed and dated, the Risk Manager will fill out the WCSD Group Health Plan Response to Inspection Request Form (BEN-F013).

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5.5.1 BEN-F013 will be sent to the employee granting, need for extension of time, or denying access.

5.5.1.1 If the request is granted, an access date will be provided.

5.5.1.2 If the request is denied, a reason will be provided.

5.6 Copies of BEN-F012 and BEN-F013 will be filed in the HIPPA binder and one to the Employee File

Correct or Amend PHI

5.7 If an employee requests to make a correction in their personal health information, RM will have the employee complete WCSD Group Health Plan Individual Request to Correct or Amend a Record (BEN-F014).

5.8 The Risk Manager will fill out the WCSD Group Health Plan Response to Amendment or Correction Request (BEN-F015).

5.8.1 BEN-F015 will be sent to the employee granting, need for extension of time, or denying access.

5.8.1.1 If the request is granted, an access date will be provided.

5.8.1.2 If the request is denied a reason will be provided.

5.8.2 Copies of BEN-F014 and BEN-F015 will be filed in the HIPAA binder and one to the Employee File

6.0 ASSOCIATED DOCUMENTS:

6.1 BEN-F011 – WCSD Group Health Plan Individual Request Not to Use or Disclose Health Information Form.

6.2 BEN-F012 – WCSD Group Health Plan Individual Request to Inspect Health Information Form

6.3 BEN-F013 – WCSD Group Health Plan Response to Inspection Request Form

6.4 BEN-F014 – WCSD Group Health Plan Individual Request to Correct or Amend a Record

6.5 BEN-F015 – WCSD Group Health Plan Response to Amendment or Correction Request

7.0 RECORD RETENTION TABLE:

<u>Identification</u>	<u>Storage</u>	<u>Retention</u>	<u>Disposition</u>	<u>Protection</u>
BEN-F011	Risk Management Office Files	99 years	Discard as desired	Standard file cabinet in secured office
BEN-F012	Risk Management Office Files	99 years	Discard as desired	Standard file cabinet in secured office

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BEN-F013	Risk Management Office Files	99 years	Discard as desired	Standard file cabinet in secured office
BEN-F014	Risk Management Office Files	99 years	Discard as desired	Standard file cabinet in secured office
BEN-F015	Risk Management Office Files	99 years	Discard as desired	Standard file cabinet in secured office

8.0 REVISION HISTORY:

<u>Date:</u>	<u>Rev.</u>	<u>Description of Revision:</u>
6/2/05	A	Initial Release
5/15/07	B	Added new 4.4 and deleted 4.5; added "WCSD Group Health Plan" to identified forms throughout procedure.

***** End of procedure *****