

Patients generally have the right under the HIPAA Privacy Rule and Minnesota law (the Minnesota Health Records Act) to have access to health information that Summit Orthopedics, Ltd. (“Summit”) has about them (there are some exceptions). Patients can inspect (read) the health information onsite or ask that copies be provided to them or to someone else, such as another health care provider, the patient’s attorney or the patient’s family member. Summit requires a patient access request to be in writing using the Summit Patient Access Request Form.

Summit is generally prohibited by the HIPAA Privacy Rule and the Minnesota Health Records Act from disclosing patient health information to a third party (such as an attorney who does not represent the patient or to the patient’s employer) without the patient’s written authorization. Summit requires that the patient’s written authorization be provided using the Summit Patient Authorization Form. (Summit may choose to accept another entity’s Authorization Form but will do so only if it meets HIPAA requirements for an Authorization Form.)

Different procedures apply depending upon which form the patient uses. Making an access request is often the better option and can generally be used whenever the patient is initiating the request for the patient’s own benefit (even if the patient is directing that the health information be sent to someone else). See the attached chart for additional details.

Details regarding making an access request (must use the Patient Access Request Form) or providing written authorization for disclosure to a third party (must use the Patient Authorization Form) are provided in the attached chart. Procedural information, including limitations on the right of access and additional authorization requirements, is available on the forms and in the Summit HIPAA Privacy Policies and Procedures (you can request copies of these documents from the front desk).

	PATIENT ACCESS REQUEST FORM	PATIENT AUTHORIZATION FORM
WHEN DO I USE THIS FORM?	<p>Patients generally have the right under the HIPAA Privacy Rule and Minnesota law (the Minnesota Health Records Act) to have access to health information that Summit Orthopedics has about them (there are some exceptions). Patients can request to inspect the health information onsite at Summit or ask that copies be provided to them or to someone else, such as another health care provider, the patient’s attorney or the patient’s family member. (The HIPAA Privacy Rule allows Summit to disclose a patient’s health information to the patient’s treating provider without patient permission but Minnesota law requires written permission from the patient.)</p> <p>Making an access request is often the better option (because of the 30 day-time limit and limits on fees that can be charged) and can generally be used whenever the patient is initiating the request for the patient’s own benefit, even if the patient is directing that the health information be sent to someone else. (There are a few exceptions, like when the patient is asking for health information outside of a Designated Record Set or is asking that health information be sent to his or her employer. In these cases, a Patient Authorization Form should be used.)</p>	<p>Summit is generally prohibited by the HIPAA Privacy Rule and the Minnesota Health Records Act from disclosing patient health information to a third party (such as an attorney who does not represent the patient or to the patient’s employer) without having written authorization from the patient. Summit requires that this patient request be in writing using the Summit Patient Authorization Form.</p> <p>The patient should use this form if he or she is not initiating the request for the health information or when the patient is asking for health information outside of a Designated Record Set or is asking that health information be sent to his or her employer.</p> <p>Summit may choose to accept another entity’s Authorization Form but will do so only if it meets HIPAA requirements for an Authorization Form.</p>

	PATIENT ACCESS REQUEST FORM	PATIENT AUTHORIZATION FORM
WHERE DO I GET A COPY OF THE FORM AND WHERE DO I SUBMIT THE COMPLETED FORM?	This form is available online at www.summitortho.com and at the front desk in all Summit locations. The patient can obtain the form online, request a form in person at the front desk or by calling the Summit Medical Records number at (651) 968-5125. Patients can submit completed forms to Summit at the fax number on the form, through the mail sent to address on the form, or drop the form off at the front desk at Summit.	This form is available online at www.summitortho.com and at the front desk in all Summit locations. The patient can obtain the form online, request a form in person at the front desk or by calling the Summit Medical Records number at (651) 968-5125. Patients can submit completed forms to Summit at the fax number on the form, through the mail sent to address on the form, or drop the form off at the front desk at Summit.
WHEN WILL HEALTH INFORMATION BE PROVIDED IF I USE THIS FORM?	The HIPAA Privacy Rule generally provides a maximum period of 30 days to provide the documents to you. The Minnesota Health Records Act provides a shorter period (upon request by a patient, promptly to another provider).	There is no deadline imposed by the HIPAA Privacy Rule or the Minnesota Health Records Act for delivering the documents requested pursuant to a Patient Authorization Form.
WILL I BE CHARGED A FEE FOR COPIES OF MY HEALTH INFORMATION?	Summit does not generally charge a fee to patients to provide copies of health information. Summit reserves the right to charge a fee in unusual circumstances, such as where multiple requests are made by the patient for the same health information. You will be notified of the fee in advance. Summit will only charge a fee for the cost of copying the health information, supplies for creating the copy and postage if it is mailed.	Summit may charge a reasonable cost-based fee plus additional charges that are specifically allowed by law.
HOW WILL THE COPIES OF MY HEALTH INFORMATION BE PROVIDED?	Summit can deliver the documents by email, through fax and sending hard copies through the mail or they can be picked up at Summit location requested by the patient (generally at the front desk). The patient will need to indicate on the form to whom the documents must be delivered and how. The patient has the right to request that the documents be emailed using unencrypted email (unsecured) but assumes the risk of unauthorized access by a third party in transmission or on receipt.	Summit can deliver the documents by email, through fax and sending hard copies through the mail or they can be picked up at the Summit location requested by the patient (generally the front desk). The patient will need to indicate on the form to whom the documents must be delivered and how. Summit will not agree to send the documents by unsecure email.
MUST THE PATIENT SIGN THIS FORM?	Yes, the patient must read, sign and date this form.	Yes, the patient must read, sign and date this form.
CAN A PERSONAL REPRESENTATIVE SIGN THIS FORM ON THE PATIENT'S BEHALF?	Yes, a personal representative can exercise the access request right on the patient's behalf. If he or she hasn't done so already, the personal representative will be required to complete a Summit Personal Representative Verification Form and submit it to Summit. The form can be obtained from Summit and returned to Summit in the same manner as the Access Request Form (see above).	Yes, a personal representative can exercise the access request right on the patient's behalf. If he or she hasn't done so already, the personal representative will be required to complete a Summit Personal Representative Verification Form and submit it to Summit. The form can be obtained from Summit and returned to Summit in the same manner as the Access Request Form (see above).