

Title: Fees for Copies and Summaries of Designated Record Sets	Guideline
Patient Age Group: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

DESCRIPTION/OVERVIEW

This guideline establishes fees in accordance with State and Federal regulations in processing requests for copies of records containing Protected Health Information (PHI) (“Medical Records”) from all Health Information Management (HIM) Departments, the UNM Health System, UNM Sandoval Regional Medical Center, Inc., and UNM Medical Group, Inc. In compliance with the Health Information Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health (“HITECH”) Act, and the HIPAA Omnibus Rule, the HIM department or similar designee will process and disclose PHI according to State and Federal regulations.

REFERENCES

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Health Information Technology for Economic and Clinical Health (HITECH) Act, ARRA Title XIII, Subtitle D
- U.S. Department of Health and Human Services, 45 C.F.R. 164.524, and as amended within “HIPAA Omnibus Rule” (Fed. Reg. Vol. 78, No. 17, p. 5702, 01/25/2013).

AREAS OF RESPONSIBILITY

Applies to all health care components that maintain and disclose/release copies from designated record sets.

GUIDELINE PROCEDURES

1. Under federal law, the UNMHSC and each of its component units is required to obtain an original and complete Authorization to Use or Disclose Health Information ("Authorization") form before providing a copy of the Medical Records or allowing inspection to anyone, including the patient or his/her representative.
2. Patient/Personal Representative Requests: When a patient or his/her personal representative make a request for a copy of the Medical Records for personal use, the UNMHSC will provide that copy, not to exceed 100 pages, free of charge. The charges described below apply to any subsequent request that is submitted by the patient after the initial request.. Requestors must specify the specific reason for which a copy of the patient’s health records is being requested (i.e. disability, worker's compensation, etc.) in order to receive the specific fees outlined in Section 4, subsections (b), (c), (d), (e), (f), (g), (h), and/or (i). If one of the above uses is not specified, subsequent requests made and requests for copies of Medical records requested exceed 50 pages, then for each page in excess of 50, the following fees shall apply:
 Patient/Personal Representative Requests (not covered in subsections (b), (c), (d), (e), (f), (g), (h), and/or i (below):
 (a) Paper Copies

- a. First 20 pages (to include first request) above 100 pages or subsequent patient requests in excess of 50 pages for each patient
\$3.00
- b. Per page thereafter \$0.05
- (b) CD/DVD
- a. Flat Fee \$4.00
- b. Labor charge (per 15 minutes) \$5.00
- c. Images (per CD/DVD) \$10.00
3. **Third Party Requests:** Requestors must specify the specific reason for which a copy of the Medical Records is being requested (i.e. personal use, disability, worker's compensation, etc.) in order to receive the specific fees outlined in Section 4, subsections (a), (b), (c), (d), (e), (f), (g), (h), and/or (i) below. If a requestor fails to specify one of the categories outlined in subsections (b), (c), (d), (e), (f), (g), (h), and/or (i) below, then the UNMHSC will charge the rates set forth in subsection (a) below.
- (a) Third Party Requests (not covered in subsections (b), (c), (d), (e), (f), (g), (h), and/or (below):
- Paper Copies:**
- (i) Central Processing Fee (includes first 20 pages of record) \$20.00
- (i) Fee per page (pages 20-50) \$ 1.00
- (i) Fee per page (pages 51-100) \$ 0.75
- (i) Fee per page (101 and above) \$ 0.25
- (i) Certification \$10.00 (extra)
- CD/DVD**
- (i) Central Processing Fee \$20.00
- (ii) Labor charge (per 15 minutes) \$6.00
- (iii) Images (Per CD/DVD) \$10.00
- (iv) Certification \$10.00 (extra)
- On Premises Viewing**
- (i) Labor charge (per 15 minutes) \$5.00
- (ii) Any paper or CD/DVD copies of records requested during the viewing will be charged the applicable fees noted in the above sections
4. **Special Fees for Specific Circumstances:** Patients/personal representatives or Third Party Requesters must specify that the Medical Records are for one of the uses below in order to receive the corresponding rate.
- (a) Records Requested by Workers' Compensation Attorneys:
- (i) First 10 pages. \$10.00
- (ii) Per page thereafter \$0.20
- (b) Records Intended for State and Federal Disability Determination Services \$18.75 per request
- (c) Records Intended for the State Division of Vocational Rehabilitation \$26.00 per request
- (d) Proof of Birth (after 90 days) \$10.00 per request
- (e) Records Intended for the United States Social Security Administration or any State Supplemental Income division \$ 18.75 per request

- (f) State and Federal Social Security Income Division (Must indicate for disability purposes on Authorization) \$18.75 per request
- (g) Records Intended for education institutions (School Records) NO CHARGE
- (h) Shot/Immunization records NO CHARGE
- (i) Records Requested by Health Care Providers or by Patients Requested to be Disclosed to a Healthcare Provider for Continued Care. NO CHARGE

Requestors may make payment by Check, Money Order or Cash in advance of delivery of the requested copies of the health records.

DEFINITIONS

Medical Records: A group of records maintained by or for the facility designated as the designated record set, including:

- a. The medical and billing records about individuals maintained by or for a covered healthcare provider
- b. Information used in whole or in part by or for the facility to make medical decisions about individuals

SUMMARY OF CHANGES

Replaces document of same name, last review/revision 4/2018

RESOURCES/TRAINING

Resource/Dept	Contact Information
Health Information Management	
Privacy Office	privacy@salud.unm.edu

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Health Information Management		
Committee(s)	HIPAA Oversight Committee, COPP&G Committee, Nursing PP&G Subcommittee		Y
Nursing Officer	NA		N/A
Official Approver	Catherine Porto, Executive Director HIM		Y
Official Signature	<i>Catherine Porto</i>	Date: 4/25/2018	
Effective Date			4/25/2018
Origination Date			12/2002
Issue Date	Clinical Operations Policy Coordinator		

