Patient Records Request Flowchart

**RECEIVE RECORD REQUEST**

**FROM**
patient/personal representative (PR)
or third party?

**Third Party**

**IS THE THIRD PARTY ACTING UNDER THE PATIENT’S/PR’S DIRECTION?**
Call patient/PR if unsure.

**Yes**

**TO**
patient/PR or third party?

**No**

**DOES IT INCLUDE 42 CFR PT. 2 INFO (SUBSTANCE USE DISORDER)?**

**Patient/PR**

**Yes**

**IS THERE A PERMISSIBLE BASIS FOR DENIAL UNDER HIPAA RIGHT OF ACCESS?**

**No**

**YOU MAY, BUT ARE NOT REQUIRED TO, DISCLOSE THE REQUESTED PHI. NO DEADLINE.**

May charge fee schedule, even if above actual costs.

**PROVIDE A PORTION OF RECORDS WITHIN 30 DAYS (30-DAY EXTENSION AVAILABLE), OR LESS IF STATE LAW REQUIRES SOONER. PROVIDE DENIAL LETTER WITH APPLICABLE APPEAL RIGHTS UNDER HIPAA AND STATE LAW FOR DENIED PORTION.**

Charges are lesser of actual cost or state fee schedule.

**PROVIDE REQUESTED RECORDS WITHIN 30 DAYS (30-DAY EXTENSION AVAILABLE), OR LESS IF STATE LAW REQUIRES SOONER.**

Charges are lesser of actual costs or state fee schedule.