

# Member access and corrections to their medical records

## Member access to medical records

Members have the right to review their health care information with their providers. Providers must respond to requests for member access to medical records in a manner that complies with applicable state and federal laws. The procedures for members' access and review of their medical records and associated information must be designed to ensure the integrity of the record throughout the access and review. Providers must document the access or denial of access in the member's medical record.

Upon written request, members have the right to inspect and receive a paper or electronic copy of their health care records and associated information maintained in their providers' information systems, subject to exceptions recognized by law. Providers must promptly respond no later than 15 working days after receiving the request shall:

- Make the requested Protected Health Information available for examination during regular business hours and provide a copy, if requested.
- Inform the individual if the information does not exist or cannot be found.
- Deny the request in whole or in part and inform the individual.

## Denial of access

You must inform the member of any delay or denial of the request under an exception recognized by law. You may deny access only when the disclosure:

- Would be injurious to the member's health.
- Would allow the member to identify any individual who appropriately provided information in confidence.
- May reasonably be expected to cause danger to the life or safety of any individual.
- Involves information compiled and to be used solely for litigation, quality assurance, peer reviews, or other administrative purposes.
- Pertains to information prohibited from access by law.
- To the extent possible, denied and disclosable information must be segregated, and you may deny access to the relevant portion only.

If you deny access because disclosure would be injurious to the member or could endanger the life or safety of others, the member may select another provider to review the information in question. This provider must be licensed, certified, registered, or otherwise authorized by state law to treat the member for the same condition as the original provider who treated the member.

The member must be notified of the right to select another provider to review the records, but the member is responsible for paying the second provider.

## Parental access

Parents have the right to access and authorize access to their minor children's records with the following exceptions where a minor can consent to their own care as mandated by state or federal law:

- Sexual and reproductive health care, including contraception and abortion services: Minors of any age.
- STI/HIV/AIDS testing, prevention, and treatment: Age 14 years or older.
- Substance use disorder treatment: Age 13 years or older.

- Mental health treatment: Age 13 years or older.

## **Member-initiated corrections and amendments to their records**

Providers are required to respond to a member request for correction or amendment of medical records in a manner that complies with the state laws, federal laws, or both.

A member has the right to request a correction or amendment of their health care information for as long as that health information is maintained in the medical record. The request must be in writing. The provider may either accept or deny the correction or amendment, but you must respond to the request within 10 business days of receipt.

If you accept the correction or amendment:

1. Make the appropriate correction or amendment to the record.
2. Inform the member that the amendment is accepted.
3. Review prior disclosures from the patient's chart to determine if the information in question has been previously released. If, yes, the corrected information must be re-disclosed to the previous recipient.

If you deny the request:

The member has the right to file, as part of the medical record, a concise statement and explanation for the requested correction or amendment.

The challenged entry must be marked to indicate that the member has challenged it as inaccurate or incomplete, and the challenged entry must indicate where in the record the statement of disagreement is located.

Erasure or deletion from the record is contrary to the intent of statutes, regulations, and standards governing health care information and to the generally accepted practice within the health care community.

Content on this page is from the provider manual | [Disclaimer](#)