



HealthSource Clarity

v4.5 Release Notes

August 2021



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Contact Information

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See the following sections for detailed information on the changes made in this release.

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LOGGING AND FULFILLMENT REASON LIST

HealthSource Clarity v4.5 now has a single list of correspondence reasons for both logging and fulfillment. The verbiage has been updated and is listed below.

Reason	Description
Authorization Missing	An authorization signed and dated by the patient per 45 CFR 164.508, or, in the case of a minor, by his or her parent(s) or legal personal representative under HIPAA (see 45 CFR 164.502(g)), is required. We ask that the attached facility authorization be completed and returned to us, so we may process your request.
Authorization missing TPO statement	We are unable to process the attached authorization as it does not meet the HIPAA requirements of a valid authorization (see 45 CFR 164.058) which states a valid authorization must contain a statement about the ability or inability of the covered entity to condition treatment, payment, enrollment, or eligibility for benefits on the authorization. This statement was missing from the authorization you submitted, so we ask that the attached facility authorization be completed and returned to us so we may process your request.
Certification of Previously Released Records	Thank you for your medical records request for the patient above. The facility does not certify medical records once they have been released from the facility. Please re-request the records and ask for them to be certified. Once we receive the appropriate request and signed HIPAA compliant authorization, we will process your request and bill according to the state law.
Deceased Patient	In order to honor your request for a deceased patient's records, we will need proof that the individual that signed is the legally authorized executor or administrator, or a person who is legally authorized to act on behalf of the deceased individual or his/her estate, as a personal representative with respect to protected health information (see 45 CFR 164.510). A copy of the Executor's Letter naming the Executor for the Estate of the following patient. Please call the following phone number with any further questions.
Description of Disclosure Missing	We are unable to process the attached authorization as it does not meet the HIPAA requirements of a valid authorizing (see 45 CFR 164.508) which states a valid authorization must contain a description of the information to be disclosed (visit dates, types of record and reports). A description of the information to be disclosed was missing from the authorization you submitted, so we ask that the attached facility authorization be completed and returned to us so we may process your request.
Electronic Signature	<p>Thank you for your medical records request for the patient above. However, we cannot disclose medical records with an electronic signature of the patient that does not meet the United States Electronic Signatures in Global and National Commerce Act (ESIGN) and the Uniform Electronic Transactions Act (UETA). These Acts outline major requirements for an electronic signature to be recognized as valid under US law. Those requirements are:</p> <ul style="list-style-type: none"> • Intent to sign by showing that the individual who has provided the electronic signature approved terms and read and approves the content of the document, identifies the signer and shows the integrity of the document

	<ul style="list-style-type: none"> • Consent to do business electronically • Clear signature attribution with the capability of verification • Association of signature with the record • Record retention • A certification of the requestor's policies or the standards used to verify electronic signatures, incorporating the elements of message integrity, non-repudiation, and user authentication described above. <p>In order to honor the electronic signature provided please show proof that the above requirements were met. Please resubmit your request with a handwritten signature so we may fulfill your request.</p>
<p>Executor's Letter Naming Executor Missing</p>	<p>In order to honor your request for a deceased patient's records, we will need proof that the individual that signed is the legally authorized executor or administrator, or a person who is legally authorized to act on behalf of the deceased individual or his/her estate, as a personal representative with respect to protected health information (see 45 CFR 164.510). A copy of the Executor's Letter naming the Executor for the Estate of the following patient. Please call the following phone number with any further questions. We need a copy of the Executor's Letter naming the Executor for the Estate of the patient.</p>
<p>Expired Authorization</p>	<p>Thank you for your medical records request for the patient above. We are unable to comply with your request for records as the authorization provided is expired (see 45 CFR 164.508). Please resubmit your request with a valid authorization.</p>
<p>Forms Completion</p>	<p>Thank you for your request for forms to be completed by one of our clinicians. Our clinicians request that records be released in lieu of forms being completed. We can provide a copy of the patient's medical record for your own review upon receiving a written letter of request and HIPAA compliant authorization. These documents can be mailed to the address listed above. The name of the facility must be specified on the request letter/authorization.</p>
<p>Health Care Power of Attorney Missing</p>	<p>In order for a request for medical records to be processed, a copy of health care power of attorney must be included with the authorization and request you submitted (see 45 CFR Part 164.502). Please resubmit your request with such documentation so we may expedite your request for records.</p>
<p>Invalid Subpoena</p>	<p>We are unable to process the subpoena you have submitted as it does not comply with HIPAA Section 164.512(e) 1. Section 164.512(e)1. of the Federally mandated final privacy rule states that when a covered entity receives a subpoena it must contain one of the following satisfactory assurances:</p> <ul style="list-style-type: none"> • Reasonable efforts have been made to give the patient notice of the request for Protected Health Information (PHI) • The party requesting the PHI has made reasonable efforts to obtain an order of the court or tribunal that limits the use of the PHI to the litigation for which it was requested and requires the PHI to be returned to the covered entity or destroyed at the end of the litigation (a protective order) <p>A "satisfactory assurance of notice" is a written statement with supporting documentation from the requesting party that does all of the following:</p> <ul style="list-style-type: none"> • The party requesting such information demonstrates a good faith attempt to provide written

	<p>notice to the individual (patient) • Attests that the written notice to the patient included sufficient information about the legal proceeding to permit the patient to raise objections to the court or administrative tribunal</p> <p>• Assures that the deadline for the patient's objections has passed and the patient made no objections or any objections made have been resolved</p> <p>Or the subpoena can be accompanied by an authorization by the patient or a court order. Please provide one of the above and return that with the subpoena so that we may process this judicial request.</p>
Missing Hospital Name	<p>Thank you for your medical records request for the patient above. Your request was received at a location that services multiple facilities. To process your request, we need the name of the facility at which the patient was seen (see 45 CFR 164.508). Please resubmit your request with the correct facility name.</p>
Need More Information to Identify Patient	<p>In order to protect the confidentiality of patients, federal law, 45 CFR 164.508, prohibits the release of protected health information without proper authorization. In order for a request for medical records to be processed properly, the patient name, date of birth, or social security number must appear in the request in order for the patient to be identified. One or more of these details were not found in your initial request. Please update your request and resubmit it to the facility in order to have your request processed.</p>
No Dates of Treatment as Requested	<p>We show no treatment at this facility for the dates of service you requested. Please review the request and authorization provided to update to include treatment dates in which the patient was seen and resubmit your request with the necessary information.</p>
Notice of Delay Letter	<p>Thank you for your medical records request for the patient above. At this time, we have not been able to fulfill your request due to a delay in processing. Pursuant to (State Law), we are required to notify you of the delay. We are still working on your requests and will fulfill it as soon as possible.</p>
Notice of Delay: Incomplete Chart	<p>We have received your request for a copy of the above patient's medical record. The Medical record is administratively incomplete at this time. Upon completion, we will process your request. We apologize for any inconvenience.</p>
Notice of Delay: Temporarily Unable to Locate Records	<p>We are temporarily unable to process your request due to the record being archived and not readily accessible. We are requesting a 30 day extension to process this request and will continue our search and contact you as soon as we have located the records.</p>
Out-Patient Lab Results - Private Practice Only	<p>The Health Information Management Department is the custodian of records generated by are clinicians that provide treatment for our covered entity. The records you are requesting were handled by a clinician that maintains their medical records in their private practice in which we do not have access to fulfill your request. Please submit this request to the clinician that ordered or administered the treatment.</p>
Out-of-State Subpoena	<p>The hospital is unable to respond to a subpoena by an out-of-state court. It is necessary for you to obtain a subpoena or court order from a court within the jurisdiction of the healthcare facility. If doing so cannot be done, you must obtain an authorization signed by the patient and dated within 90 days of the date of receipt. Please re-submit your request with the necessary</p>

	information.
Patient Electronic Delivery Access Code	We received your request to have copies of your medical records delivered to you electronically. Your Invoice number, a PIN, and a 4-digit Access Code will be required when entering information online to ensure that access to your medical records is secure and only available to you. For security reasons the Invoice number and PIN have been sent to you via separate emails from edelivery@cioxhealth.com. To access your Medical Records online please follow the instructions provided in the emails.
Patient Not Found	We have been unable to locate a record for the above-named patient. We will gladly recheck our records if you can provide and verify the following information: date of birth, treatment types and dates, attending physicians, the specific outpatient department in which the patient was seen, or other names under which the patient might have been admitted. Please re-submit your request with the necessary information and will process your request upon receipt.
Poor Image Quality	The information you requested has been microfilmed. Unfortunately, we are not able to produce a quality copy from the film. The information is readable on the microfilm reader printer, but it is not readable on the copies. If you would like to come to our department and view the film, please contact us, and we will make the film available for viewing.
Person Authorized to Make Disclosure Missing	We are unable to process the attached authorization as it does not meet the HIPAA requirements of a valid authorizing (See 45 CFR 164.508) which states a valid authorization must contain a description of the purpose of the requested use of disclosure of protected health information. The purpose was missing from the authorization you submitted, so we ask that the attached facility authorization be completed and returned to us so we may process your request.
Records Purged	We regret to inform you that the records you requested are no longer available for this patient for the date(s) of treatment specified. In accordance with state medical record retention requirements, the medical record has been purged. We apologize for any inconvenience.
Redisclosure by Recipient Missing	We are unable to process the attached authorization as it does not meet the HIPAA requirements of a valid authorization (see 45 CFR 164.508) which states a valid authorization must contain a statement that there is potential for the PHI to be re-disclosed by recipient and thus, no longer protected by the HIPAA Privacy Rule. This statement was missing from the authorization you submitted, so we ask that the attached facility authorization be completed and returned to us so we may process your request.
Request Expiration Date Missing	We are unable to process the attached authorization as it does not meet the HIPAA requirements of a valid authorization (Section 164.508) which states a valid authorization must contain an expiration date or event for which the request will expire. No such date or event is included in the authorization you submitted, so we ask that the attached facility authorization be completed and returned to us so we may process your request.
Requested documents are not permitted to be released per facility policy	The information you requested are not part of the facilities designated record set as it is not used to make decisions about the patient's care and is therefore not subject to disclosure under HIPAA (see 45 CFR 164.501). We regret to inform you but we must deny access to that information, should you have any questions you may call the Office of Civil Rights, Department of Health and Human Services at 1-800-368-1019 or online at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf .
Restrictive Authorization	Thank you for your medical records request for the patient above. The authorization that you provided does not authorize specific items and/or protected health information governed by

	state and federal law that is incorporated within the medical records, therefore please provide a HIPAA Authorization completed by the patient authorizing all components to be released. If you have any questions, please feel free to contact us.
Right to Revoke Missing	We are unable to process the attached authorization as it does not meet the HIPAA requirements of a valid authorization (Section 164.508) which states a valid authorization must contain a statement pertaining to the individual's right to revoke authorization. This statement was missing from the authorization you submitted, so we ask that the attached facility authorization be completed and returned to us so we may process your request.
Signature Discrepancy	Thank you for your medical records request for the patient above. Upon review of the authorization provided, we have determined that there is a signature discrepancy. The signature on your patient authorization does not match the signature on file. The HIPAA Privacy Rule requires a covered entity or business associate to take reasonable steps to verify the identity of an individual make a request for access. See 45 CFR 164.514 (h). To protect the patient's health information, we ask that you please provide a copy of the patient's valid ID with an authorization signed by the patient or their legal representative. Alternatively, you can have the signature notarized for validation. Please resubmit your request with the corrected information to the address listed above.
Statement of Assurance	We are in receipt of the attached subpoena. Upon review, we have determined that satisfactory assurances under HIPAA (see 45 CFR 164.512(e)(1)(iii)) have not accompanied the subpoena. Please either provide proof of assurance that the opposing party was served with a copy of the subpoena and no objections were filed or a signed authorization from the patient. Please submit the required documentation to the address listed above.
Written Consent Required (To Patient) Missing	We have received a request for information contained in your medical record. However, we cannot respond to this request until we receive an authorization from you, the patient (see 45 CFR 164.508). Please complete the attached facility authorization form and submit to us to process the request for records.
Other	You must edit the Request Refusal Letter if you select Other .

CORRESPONDENCE LETTER TITLE

“Request Exception Notice” title is updated with “Important Information Regarding your Request for Medical Records”

DATE ADDED TO CORRESPONDENCE LETTER

A Date will be displayed when a correspondence letter is generated.

**IMPORTANT INFORMATION REGARDING YOUR REQUEST FOR
MEDICAL RECORDS**

08/03/2021

From

Riverside Family Medicine
215 Halton Road
Greenville SC 29607

HIPAA AUTHORIZATION FORM

HIPAA Authorization Form is updated to reflect sensitive information language such as Sexually Transmitted Disease.

I authorize the disclosure of the following types of highly sensitive information: _____ drug and alcohol; _____ mental health (psychiatric);
_____ HIV/AIDS testing and treatment; _____ sexually transmitted disease.

Audit Trail Improvements

Users will be able to export the Audit Trail and be able to print or download the Request History. Request History displays patient identifiers such as Patient Name, Patient Account Number, eRequest ID, Site, Log ID, and Request Status.

Date	User Name	Event Description
08/10/2021 01:12 PM	Lalitha Burra	Logging request fetched
08/10/2021 12:13 PM	Lalitha Burra	Logging request fetched
08/10/2021 11:45 AM	Lalitha Burra	Logging returned

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CIOX™
eRequest History

Patient Name: hedis one king **Patient Account Number:** 1234123412
eRequest ID: 3523058 **Site:** 16676
Log ID: 137960888 **Request Status:** Pending

Date	User Name	Event Description
08/10/2021 04:25 PM	lalitha.burra	Fulfillment Pend request fetched
08/06/2021 09:27 PM	System-Auto	Request state changed from Processing-Fulfillment to Processing-FulfillmentPend