Patient Audit Log Request Form

To activate the Patient Audit Request, the patient must complete the form and verify their identity using one of the following (*refer to full procedures on the following pages*):

1. Present at one of their providers with a Photo ID, complete this form and have signature witnessed by the provider. The provider will send the form securely to HealtheConnections using Secure Messaging to support@hiemail.healtheconnections.org, encrypted email to support@healtheconnections.org, or fax to 1-315-407-0053.
2. Complete this form and have signature notarized. This can be sent to HealtheConnections using USPS mail, fax to 1-315-407-0053 or encrypted email to support@healtheconnections.org.
3. Make an appointment with a Compliance Officer or Manager at HealtheConnections to be seen at the HealtheConnections office. To make an appointment, email support@healtheconnections.org or call 315-671-2241 extension 5 to schedule. During the appointment they will need to provide a Photo ID and complete the form to request a Patient Audit Log Request.
4. If the patient does not have a photo identification, contact HealtheConnections for alternative methods.

All fields are required.

Patient Information

Name:_____ Date of Birth:_____

Address:_____

Phone Number:_____ Email Address:_____

Send Records to the Following:

☐ Patient (listed above)

☐ Additional Recipient (provide information below)

Name: _____ Email: _____

Address: _____

Delivery Preference:

☐ Electronic Copy (PDF by email) ☐ Electronic Copy (Specify:_____) ☐ Mailed Copy

Patient Signature:_____ Date: _____

Provider Name:_____

Organization:_____

Provider Signature:_____ Date: _____

For Notary Public Use Only

State of _____ *County of* _____

On the _____ *day of* _____ *in the year* _____ *before me, the undersigned, personally appeared* _____, *personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.*

Notary Public Printed Name: _____

Notary Public Signature: _____ *(Stamp or seal)*

My Commission Expires: _____

443 North Franklin St., Suite 001
Syracuse, NY 13204
healtheconnections.org

Patient Audit Log Request Policy and Procedure

1. Purpose

HealtheConnections is committed to implementing formal measures to outline the policy and procedure to provide an audit log when requested by a patient or patient's personal representative. This policy has been drafted to ensure compliance with Federal and State regulations as applicable, including HIPAA, SAMHSA, The Cures Act, 10 NYCRR § 300.3(b)(1): SHIN-NY Privacy and Security Policy, among others. Please refer to these regulations to understand your rights as a patient.

2. Policy and Procedure

Step 1: Requesting the Form

The patient or personal representative can contact HealtheConnections to obtain a Patient Audit Log Request form through one of the following options:

- Download from HealtheConnections website at https://www.healtheconnections.org/resources.
- Contact HealtheConnections at support@healtheconnections.org or 315-671-2241 extension 5.

Step 2: Completing the Form

The patient or personal representative must do one of the following options listed below. If a personal representative is signing the form on the patient's behalf, proof of the relationship must be provided.

1. Present at one of their providers with a Photo ID, complete the form and have signature witnessed by the provider. The provider will send the form securely to HealtheConnections using one of the following methods:
    a. Secure Messaging: support@hiemail.healtheconnections.org
    b. Encrypted Email: support@healtheconnections.org
    c. Fax: 1-315-407-0053

2. Complete this form and have signature notarized. This can be sent to HealtheConnections through one of the following options:
    a. United States Postal Service (USPS) mail:
    HealtheConnections c/o Support
    443 N Franklin St, Suite 001
    Syracuse, NY 13204
    b. Fax: 1-315-407-0053
    c. Encrypted Email: support@healtheconnections.org

3. Make an appointment with a Compliance Officer or Manager at HealtheConnections to be seen at the HealtheConnections office. To make an appointment, email support@healtheconnections.org or call 315-671-2241 extension 5 or to schedule. During their appointment they will need to provide a Photo ID and complete the form to request a Patient Audit Log.

4. If the patient does not have a photo identification, please contact HealtheConnections for alternative methods.

Step 3: Submitting the Form

The patient or personal representative can submit the form through one of the following options:

- Send electronically via email to support@healtheconnections.org.
- Send hard copy through the USPS to:

  HealtheConnections c/o Support
  443 N Franklin St, Suite 001
  Syracuse, NY 13204

Step 4: Processing the Request

Report Content

This response will contain the following reports, as applicable:

- Patient Records Accessed Report: If any participating providers have accessed your records through HealtheConnections, this report will be provided. This report contains:
  - The Participant Name through which an Authorized User accessed Protected Health Information in the prior 6-year period.
  - Patient Name
  - Patient Date of Birth
  - The date and time of each access.
  - The type of Protected Health Information or record that was accessed (e.g., clinical data, lab data, etc).

- Consent Report: If you have any consents on file for providers who participate with HealtheConnections, this report will be provided. This report contains:
  - Participant Name
  - Patient Name
  - Patient Date of Birth
  - History of consent options for that Participant
  - Effective date of the consent option
  - Date and time the consent was created
  - Method by which the consent was created in HealtheConnections.

Step 5: Responding to the Request

Report Response Time

Within 10 calendar days, HealtheConnections will either complete the report and send to the requested recipients or provide a reason why the information cannot be provided. Please note that for any reports sent through the USPS, the report will be postmarked within the 10 calendar days and does not account for USPS delivery times.

Report Format

The report is available in the following formats.

- Electronic file (Adobe PDF (default), XLS/XLSX)
- Paper copy
- An alternative format may be requested. HealtheConnections will accommodate such requests unless they fall within an exception under the Cures Act.

Report Delivery

The report can be delivered in the following ways:

- USPS
- In person: Pick up at the HealtheConnections office by appointment
- USB Flash Drive: USPS or pick up at the HealtheConnections office by appointment
- Email (will be encrypted unless otherwise agreed to and documented)
- An alternative delivery method may be requested. HealtheConnections will accommodate such requests unless they fall within an exception under the Cures Act.

Report Fees

HealtheConnections does not charge any fees at this time for requests in paper, Adobe PDF, and XLS/XLSX formats but reserves the right to impose fees for more than one request within a 12-month period. Requests for other formats may be charged a fee to cover HealtheConnections' reasonable costs. Before imposing any fees, HealtheConnections will first inform the patient of the fee and provide the patient an opportunity to withdraw or modify the request in order to avoid or reduce the fee.

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