



# Patient Audit Log Request Policy and Procedure

## 1. Purpose

HealthConnections (“HeC”) 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 HealthConnections to obtain a *Patient Audit Log Request* form through one of the following options:

- Download from HealthConnections website at [https://www.healthconnections.org/wp-content/uploads/2021/11/Patient-Audit-Log-Request-Form-fillable\\_09\\_17\\_2021-1.pdf](https://www.healthconnections.org/wp-content/uploads/2021/11/Patient-Audit-Log-Request-Form-fillable_09_17_2021-1.pdf)
- Contact HealthConnections Support via email at [support@healthconnections.org](mailto:support@healthconnections.org)
- Contact HealthConnections Support via phone at 315.671.2241 x5

### Step 2: Completing the Form

The patient or personal representative can complete the form according to the options below and on the form. If a personal representative is signing the form on the patient’s behalf, proof of the relationship must be provided.

Options for completing the form:

- Complete the form at the patient’s provider office and office will send to HealthConnections (Only for requests by patient as the Provider is able to verify the patient’s identity)
- Complete the form with notarization and attach proof of relationship, if applicable.
- Visit a HealthConnections’ office with photo ID and proof of relationship, if applicable.
- Return the non-notarized form with a copy of government-issued ID and/or proof of relationship (if personal representative). HealthConnections will conduct patient identity verification.
- HealthConnections can conduct a video conference with the patient and/or personal representative with forms of ID and/or proof of relationship



### 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@healthconnections.org](mailto:support@healthconnections.org)
- Send hard copy through the United States Postal Service (USPS) to

HealthConnections  
Privacy Officer  
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 HealthConnections, 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 HealthConnections, 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 HealthConnections.

### Step 5: Responding to the request

#### Report Response Time

- Within 10 calendar days, HealthConnections 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. An alternative format may be requested. HealthConnections will accommodate such requests unless they fall within an exception under the Cures Act.

- Electronic file
  - Adobe PDF
  - XLS/XLSX
- Paper copy

### **Report Delivery**

The report can be delivered in the following ways. An alternative delivery method may be requested. HealthConnections will accommodate such requests unless they fall within an exception under the Cures Act.

- United States Postal Service (USPS)
- In person – pick up at a HealthConnections’ office
- USB Flash Drive- sent via USPS or pick up at a HealthConnections’ office
- Email (will be encrypted unless otherwise agreed to and documented)

### **Report Fees**

HealthConnections 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 HealthConnections’ reasonable costs. Before imposing any fees, HealthConnections 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.