

Medical Records Access Review Committee

Annual Report, 2025

Prepared by:
The Office of Professional Medical Conduct



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EXECUTIVE SUMMARY

Patient Access to Medical Records

Effective January 1, 1987, patients and other qualified persons were granted access to health care records by Section 18 of the New York State Public Health Law (PHL) (See Appendix), which was enacted in Chapter 497 of the Laws of 1986. The law contains the procedures for making records available, the conditions under which a provider can deny access to records, and a process to resolve situations in which patients or other qualified persons dispute a provider's denial of access to records.

If a patient is denied access to their health care records, the patient or other qualified persons are afforded the right of appeal to a Medical Records Access Review Committee (MRARC) designated by the Commissioner of Health pursuant to PHL Section 18, to hear and make determinations on appeals. Subpart 50-3 (See Appendix) of Title 10 of the New York State Codes, Rules, and Regulations (NYCRR) governs the operations of the MRARCs, comprised of Department of Health professionals.

Subpart 50-3 describes the steps that physicians and non-physician professionals must take in the event of an appeal to the denial of access to patient information and the process to be followed by MRARCs in hearing and issuing determinations on appeals.

Public Health Law Section 18.5 requires the Department of Health to issue an annual report to the Governor and Legislature on the experience of Medical Records Access Review Committees, including the number of requests for committee review of providers' denial of access and the committees' determinations. This report presents the experience for the period of January 1, 2025 to December 31, 2025.

ENSURING ACCESS TO PATIENT INFORMATION

1. Access to Patient Information Program

The Access to Patient Information (API) Program is housed within the New York State Department of Health's Office of Professional Medical Conduct (OPMC). The API Program works to investigate and resolve complaints concerning patients' access to their medical records. The API Program assists in resolving disputes concerning patient access to medical records, and when disputes are not able to be resolved, enforces the law governing physicians and other licensed health professionals responsible for providing access to such information.

Effective January 1, 1987, patients and other qualified persons were granted access to health care records by Section 18 of the Public Health Law (Appendix), which was enacted in Chapter 497 of the Laws of 1986. Section 18 contains the procedures for making records available, the conditions under which a provider can deny access, and a process to resolve situations in which patients or other qualified persons dispute a provider's denial of access to records.

2. Medical Records Access Review Committee (MRARC)

If a patient is denied access to their health care records, the patient or other qualified persons are afforded the right of appeal to the Department of Health's Medical Records Access Review Committee (MRARC), which is administered in OPMC. Pursuant to regulations effective September 30, 2015, the Commissioner of Health designates MRARCs to review appeals resulting from the denial of access to patient information.

Responsibility for hearing appeals of denials of access to records by physicians has been located in OPMC's API Program since 1996. The responsibility for hearing appeals to denials to access by non-physician professionals was moved to the API Program in 2008.

3. January 1, 2025 to December 31, 2025 Experience

During 2025, three (3) appeals went to a Medical Record Access Review Committee. All three involved non-physician practitioners, specifically, a Psychologist, a Nurse Practitioner, and a Licensed Clinical Social Worker. In all three MRARC's, the panel concurred with the practitioner's denial of records.

APPENDIX

1. New York State Public Health Law Section 18
2. Subpart 50-3
3. "Do I Have the Right to See My Medical Records?"
4. Denial of Access to Patient Information and Appeal Form

Public Health

* § 18. Access to patient information. 1. Definitions. For the purpose of this section:

(a) "Committee" means a medical access review committee appointed pursuant to subdivision four of this section.

(b) "Health care provider" or "provider" means a "health care facility" or a "health care practitioner" as defined by this subdivision.

(c) "Health care facility" or "facility" means a hospital as defined in article twenty-eight of this chapter, a home care services agency as defined in article thirty-six of this chapter, a hospice as defined in article forty of this chapter, a health maintenance organization as defined in article forty-four of this chapter, and a shared health facility as defined in article forty-seven of this chapter.

(d) "Health care practitioner" or "practitioner" means a person licensed under article one hundred thirty-one, one hundred thirty-one-B, one hundred thirty-two, one hundred thirty-three, one hundred thirty-six, one hundred thirty-nine, one hundred forty-one, one hundred forty-three, one hundred forty-four, one hundred fifty-three, one hundred fifty-four, one hundred fifty-six or one hundred fifty-nine of the education law or a person certified under section twenty-five hundred sixty of this chapter.

(e) "Patient information" or "information" means any information concerning or relating to the examination, health assessment including, but not limited to, a health assessment for insurance and employment purposes or treatment of an identifiable subject maintained or possessed by a health care facility or health care practitioner who has provided or is providing services for assessment of a health condition including, but not limited to, a health assessment for insurance and employment purposes or has treated or is treating such subject, except (i) information and clinical records subject to the provisions of section 23.05 or 33.13 of the mental hygiene law, (ii) personal notes and observations of a health care practitioner, provided that such personal notes and observations are maintained by the practitioner and not disclosed by the practitioner to any other person after January first, nineteen hundred eighty-seven, (iii) information maintained by a practitioner, concerning or relating to the prior examination or treatment of a subject received from another practitioner, provided however, that such information may be requested by the subject directly from such other practitioner in accordance with the provisions of this section, and (iv) data disclosed to a practitioner in confidence by other persons on the basis of an express condition that such data would never be disclosed to the subject or other persons, provided that such data has never been disclosed to any other person. If at any time such personal notes and observations or such data is disclosed, it shall be considered patient information for purposes of this section. For purposes of this subdivision, "disclosure to any other person" shall not include disclosures made to practitioners as part of a consultation or referral during the treatment of the subject, to persons reviewing information or records in the ordinary course of ensuring that a provider is in compliance with applicable quality of care, licensure or accreditation standards, to an employee or official of a federal, state or local agency for the sole purpose of conducting an audit in the course of his or her official duties, to the statewide planning and research cooperative system, to other persons pursuant to a court order,

to governmental agencies, insurance companies licensed pursuant to the insurance law and other third parties requiring information necessary for payments to be made to or on behalf of patients, to qualified researchers, to the state board for professional medical conduct when such board requests such information in the exercise of its statutory function, to an insurance carrier insuring, or an attorney consulted by, a health care provider, or to a health maintenance organization certified pursuant to article forty-four of this chapter or licensed pursuant to the insurance law, or to the committee or a court pursuant to the provisions of this section.

For purposes of this subdivision treatment of a subject shall not include diagnostic services, except mammography, performed by a practitioner at the request of another health care practitioner provided, however, that such information, and mammograms, may be requested by the subject directly from the practitioner at whose request such diagnostic services were performed, in accordance with the provisions of this section.

(f) "Personal notes and observations" means a practitioner's speculations, impressions (other than tentative or actual diagnosis) and reminders, provided such data is maintained by a practitioner.

(g) "Qualified person" means any properly identified subject; or a guardian appointed under article eighty-one of the mental hygiene law; or a parent of an infant; or a guardian of an infant appointed under article seventeen of the surrogate's court procedure act or other legally appointed guardian of an infant who may be entitled to request access to a clinical record under paragraph (c) of subdivision two of this section; or a distributee of any deceased subject for whom no personal representative, as defined in the estates, powers and trusts law, has been appointed; or an attorney representing a qualified person or the subject's estate who holds a power of attorney from the qualified person or the subject's estate explicitly authorizing the holder to execute a written request for patient information under this section. A qualified person shall be deemed a "personal representative of the individual" for purposes of the federal health insurance portability and accountability act of 1996 and its implementing regulations.

(h) "Subject" means an individual concerning whom patient information is maintained or possessed by a health care provider.

(i) "Treating practitioner" means the health care practitioner who has primary responsibility for the care of the subject within the health care facility or if such practitioner is unavailable, a practitioner designated by such facility.

(j) "Cease to do business in this state" shall mean any case where a health care provider who has engaged in an on-going practice or business within this state as a health care provider, ceases to engage in such business, provided however, that this term shall not include a health care practitioner whose practice is merged, consolidated, combined, or acquired by another health care provider and he or she continues to provide services including medical care, diagnosis or treatment to patients as an employee, contractor, or owner of the merged, consolidated, combined, or acquired health care provider.

2. Access by qualified persons. (a) Subject to the provisions of subdivision three of this section, upon the written request of any subject, a health care provider shall provide an opportunity, within ten days, for such subject to inspect any patient information concerning or

relating to the examination or treatment of such subject in the possession of such health care provider.

(b) Subject to the provisions of subdivision three of this section, upon the written request of the committee for an incompetent appointed pursuant to article seventy-eight of the mental hygiene law, a health care provider shall provide an opportunity, within ten days, for the inspection by such committee of any patient information concerning the incompetent subject in the possession of such health care provider.

(c) Subject to the provisions of subdivision three of this section and except as otherwise provided by law, upon the written request of a parent or guardian of an infant appointed pursuant to article seventeen of the surrogate's court procedure act, or any other legally appointed guardian, a health care provider shall provide an opportunity, within ten days, for such parent or guardian to inspect any patient information maintained or possessed by such provider concerning care and treatment of the infant for which the consent of such parent or guardian was obtained or where care was provided without consent in an emergency which was the result of accidental injury or the unexpected onset of serious illness; provided, however, that such parent or guardian shall not be entitled to inspect or make copies of any patient information concerning the care and treatment of an infant where the health care provider determines that access to the information requested by such parent or guardian would have a detrimental effect on the provider's professional relationship with the infant, or on the care and treatment of the infant, or on the infant's relationship with his or her parents or guardian.

(d) Subject to the provisions of subdivision three of this section, upon the written request of any qualified person, a health care provider shall furnish to such person, within a reasonable time, a copy of any patient information requested, and original mammograms requested, which the person is authorized to inspect pursuant to this subdivision. A qualified person may request a physical copy of any patient information requested pursuant to this section.

(e) The provider may impose a reasonable charge for all inspections and copies, not exceeding the costs incurred by such provider, provided, however, that a provider may not impose a charge for copying an original mammogram when the original has been furnished to any qualified person and provided, further, that any charge for furnishing an original mammogram pursuant to this section shall not exceed the documented costs associated therewith. However, the reasonable charge for paper copies shall not exceed seventy-five cents per page. A qualified person shall not be denied access to patient information solely because of inability to pay. No charge may be imposed under this section for providing, releasing, or delivering patient information or copies of patient information where requested for the purpose of supporting an application, claim or appeal for any government benefit or program, provided that, where a provider maintains patient information in electronic form, it shall provide the copy in either electronic or paper form, as required by the government benefit or program, or at the patient's request.

(f) A provider may place reasonable limitations on the time, place, and frequency of any inspections of patient information.

(g) In the event that a practitioner does not have space available to permit the inspection of patient information, the practitioner may, in the alternative, furnish a qualified person a copy of such information

within ten days.

(h) A provider may request the opportunity to review the patient information with the qualified person requesting such information, but such review shall not be a prerequisite for furnishing the information.

(i) A provider may make available for inspection either the original or a copy of patient information.

3. Limitations on access. (a) Upon receipt of a written request by a qualified person to inspect or copy patient information, a practitioner may review the information requested. Unless the practitioner determines pursuant to paragraph (d) of this subdivision that (i) the requested review of the information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right to access to the information, or (ii) the material requested is personal notes and observations, or the information requested would have a detrimental effect as defined in subdivision two of this section, review of such patient information shall be permitted or copies provided.

(b) Upon receipt of a written request by a qualified person to inspect patient information maintained by a facility, the facility shall inform the treating practitioner of the request. The treating practitioner may review the information requested. Unless the treating practitioner determines, pursuant to paragraph (d) of this subdivision that the requested review of the information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right of access to the information or would have a detrimental effect as defined in subdivision two of this section, review of such patient information shall be permitted or copies provided.

(c) A subject over the age of twelve years may be notified of any request by a qualified person to review his/her patient information, and, if the subject objects to disclosure, the provider may deny the request. In the case of a facility, the treating practitioner shall be consulted.

(d) The provider may deny access to all or a part of the information and may grant access to a prepared summary of the information if, after consideration of all the attendant facts and circumstances, the provider determines that (i) the request to review all or a part of the patient information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right of access to the information, or would have a detrimental effect as defined in subdivision two of this section, or (ii) the material requested is personal notes and observations. In conducting such review, the provider may consider, among other things, the following factors: (i) the need for, and the fact of, continuing care and treatment; (ii) the extent to which the knowledge of the information may be harmful to the health or safety of the subject or others; (iii) the extent to which the information contains sensitive material disclosed in confidence to the practitioner or treating practitioner by family members, friends and other persons; (iv) the extent to which the information contains sensitive materials disclosed to the practitioner or the treating practitioner by the subject which would be injurious to the subject's relationships with other persons, except when the subject is requesting information concerning himself or herself; and (v) in the case of a minor making a request for access

pursuant to subdivision two of this section, the age of the subject.

(e) In the event of a denial of access, the qualified person shall be informed by the provider of such denial, and whether the denial is based on the reasonable expectation that release of the information can reasonably be expected to cause substantial and identifiable harm to the subject or others which outweighs the qualified person's right of access to the information or on the reasonable expectation that release of the information would have a detrimental effect as defined in subdivision two of this section, or on the basis that the materials sought to be reviewed constitute personal notes and observations, and of the qualified person's right to obtain, without cost, a review of the denial by the appropriate medical record access review committee. If the qualified person requests such review, the provider shall, within ten days of receipt of such request, transmit the information including personal notes and observations as defined herein, to the chairman of the appropriate committee with a statement setting forth the specific reasons for which access was denied. After an in camera review of the materials provided and after providing all parties a reasonable opportunity to be heard, the committee shall promptly make a written determination whether the requested review of the information can reasonably be expected to cause substantial and identifiable harm to the subject or others which outweighs the qualified person's right of access to the information pursuant to paragraph (d) of this subdivision or whether the requested review would have a detrimental effect as defined in subdivision two of this section, or whether all or part of the materials sought to be reviewed constitute personal notes and observations, and shall accordingly determine whether access to all or part of such materials shall be granted. In the event that the committee determines that the request for access shall be granted in whole or in part, the committee shall notify all parties and the provider shall grant access pursuant to such determination.

(f) In the event that access is denied in whole or in part because the requested review of information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right of access to the information, or would have a detrimental effect as defined in subdivision two of this section, the committee shall notify the qualified person of his or her right to seek judicial review of the provider's determination pursuant to this section: provided however, that a determination by the committee as to whether materials sought to be reviewed constitute personal notes and observations shall not be the subject of judicial review. Within thirty days of receiving notification of such decision, the qualified person may commence, upon notice, a special proceeding in supreme court for a judgment requiring the provider to make available the information for inspection or copying. The court upon such application and after an in camera review of the materials provided including the determination and record of the committee, and after providing all parties an opportunity to be heard, shall determine whether there exists a reasonable basis for the denial of access. The relief available pursuant to this section shall be limited to a judgement requiring the provider to make available to the qualified person the requested information for inspection or copying.

(g) Where the written request for patient information under this section is signed by a distributee of a deceased subject for whom a personal representative has not been appointed, or from the holder of a

power of attorney from such a distributee, a copy of a certified copy of the certificate of death of the subject shall be attached to the written request.

(h) Where the written request for patient information under this section is signed by the holder of a power of attorney, a copy of the power of attorney shall be attached to the written request. A written request under this subdivision shall be subject to the duration and terms of the power of attorney.

(i) The release of patient information shall be subject to: (i) article twenty-seven-F of this chapter in the case of confidential HIV-related information; (ii) section seventeen of this article and sections twenty-three hundred one, twenty-three hundred six and twenty-three hundred eight of this chapter in the case of termination of a pregnancy and treatment for a sexually transmitted disease; (iii) article thirty-three of the mental hygiene law; and (iv) any other provisions of law creating special requirements relating to the release of patient information, including the federal health insurance portability and accountability act of 1996 and its implementing regulations.

4. Medical record access review committees. The commissioner shall designate medical record access review committees to hear appeals of the denial of access to patient information as provided in paragraph (e) of subdivision three of this section. The commissioner shall promulgate rules and regulations necessary to effectuate the provisions of this subdivision.

5. Annual report. The commissioner shall submit an annual report on or before December thirty-first to the governor and the legislature. Such report shall include, but not be limited to, the number of requests for committee review of providers' denial of access and the committees' determinations thereon.

6. Disclosure to third persons. Whenever a health care provider, as otherwise authorized by law, discloses patient information to a person or entity other than the subject of such information or to other qualified persons, either a copy of the subject's written authorization shall be added to the patient information or the name and address of such third party and a notation of the purpose for the disclosure shall be indicated in the file or record of such subject's patient information maintained by the provider provided, however, that for disclosures made to government agencies making payments on behalf of patients or to insurance companies licensed pursuant to the insurance law such a notation shall only be entered at the time the disclosure is first made. This subdivision shall not apply to disclosure to practitioners or other personnel employed by or under contract with the facility, or to government agencies for purposes of facility inspections or professional conduct investigations. Any disclosure made pursuant to this section shall be limited to that information necessary in light of the reason for disclosure. Information so disclosed should be kept confidential by the party receiving such information and the limitations on such disclosure in this section shall apply to such party.

7. Applicability of federal law. Whenever federal law or applicable federal regulations affecting the release of patient information are a condition for the receipt of federal aid and are inconsistent with the provisions of this section, the provisions of federal law or federal regulations shall be controlling.

8. Challenges to accuracy. A qualified person may challenge the

accuracy of information maintained in the patient information and may require that a brief written statement prepared by him or her concerning the challenged information be inserted into the patient information. This statement shall become a permanent part of the patient information and shall be released whenever the information at issue is released. This subdivision shall apply only to factual statements and shall not include a provider's observations, inferences or conclusions.

A facility may place reasonable restrictions on the time and frequency of any challenges to accuracy.

9. Waiver's void. Any agreement by an individual to waive any right to inspect, copy, or seek correction of patient information as provided for in this section shall be deemed to be void as against public policy and wholly unenforceable.

10. Nothing contained in this section shall restrict, expand or in any way limit the disclosure of any information pursuant to articles twenty-three, thirty-one and forty-five of the civil practice law and rules or section six hundred seventy-seven of the county law.

11. No proceeding shall be brought, or penalty assessed, except as provided for in this section, against a health care provider, who in good faith, denies access to patient information.

12. Immunity from liability. No health care provider shall be subjected to civil liability arising solely from granting or providing access to any patient information in accordance with this section.

13. (a) A health care provider which has in its possession patient information and/or patient medical records and which has determined to permanently cease to do business or practice in this state shall, at least thirty days prior to such action, make a good faith effort to notify each of the health care provider's current patients that the office will be closing and to inform each such patient of his or her right to request that his or her patient information and/or patient medical records be sent to a health care provider, health care facility or health care practitioner of the patient's choosing or, alternatively, that such information and records be returned to the patient.

(b) The provisions of this subdivision shall not affect any rights afforded pursuant to section seventeen of this title.

(c) Nothing in this subdivision shall affect the period of time that a health care provider is lawfully required to retain a patient's medical information and medical records.

(d) The provisions of this subdivision shall only apply with respect to a patient whose chart includes written permission to receive the notification described in paragraph (a) of this subdivision.

Effective Date: 09/30/2015

SUBPART **50-3**

ACCESS TO PATIENT INFORMATION

(Statutory authority: Public Health Law, Section 18(4))

Sec.

50-3.1 [Application](#)

50-3.2 [Definitions](#)

50-3.3 [Medical record access review committee](#)

50-3.4 [Notification of patient rights](#)

50-3.5 [Decisions](#)

50-3.6 [Confidentiality](#)

Section 50-3.1 Application. This Subpart shall govern the functioning of medical access review committees established pursuant to Public Health Law, section 18 to hear appeals from the denial of access to patient information.

50-3.2 Definitions. For the purpose of this subpart:

- (a) Committee means a medical record access review committee designated by the Commissioner of Health to hear appeals from the denial of access to patient information as provided in Public Health Law, section 18.
- (b) Health care provider or provider shall have the same meaning as in section 18 of the Public Health Law.
- (c) Patient information shall have the same meaning as in section 18 of the Public Health Law.

(d) API coordinator means the Department of Health employee responsible for administration, coordination, and operation of the access to patient information program within the Department of Health.

(e) Qualified person shall have the same meaning as in section 18 of the Public Health Law.

(f) Personal notes and observations shall mean a practitioner's speculations, impressions (other than tentative or actual diagnosis), and reminders, provided such data is maintained by a practitioner. Handwritten notes and observations shall not be presumed to be personal notes and observations.

50-3.3 Medical record access review committee. Every reasonable effort will be made to include on the committee a professional in the same or related field as the health care provider who is the subject of the appeal.

50-3.4 Notification of patient rights.

(a) If a provider denies access to patient information the provider shall inform, in writing, the qualified person of the reasons for denial and the qualified person's right to obtain a review of the denial. The provider shall furnish the qualified person a form, approved by the Department of Health, which can be used for requesting such a review.

(b) If a qualified person decides to request a review, he or she shall do so by forwarding the request to the API coordinator for review. The API coordinator shall notify the provider of the request for review and of the name and address of the chairperson of the committee where the patient information shall be sent. A copy of the patient information and a statement of the reasons for denial must be sent by the provider to the chairperson within 10 days of notification of the request. The qualified person shall be given a reasonable opportunity to present written information and written statements.

50-3.5 Decisions. A copy of the decision shall be provided to the provider and qualified person. The record of a meeting will include notices, written statements, any other information submitted and a copy of the decision.

50-3.6 Confidentiality. All patient information is confidential as provided for in New York State law and regulations. Any patient information, committee records, deliberations, or correspondence sent to the committee or API coordinator will be treated confidentially and all records will be stored in a secure place.

Do I have the right to see my medical records?

New York State Law gives patients and other qualified individuals access to medical records. There are some restrictions on what may be obtained and what fees may be charged by physicians, other health care professionals, and facilities for providing copies. Here are some Questions and Answers that may be helpful to you in obtaining your medical record.

Q. Are doctors and hospitals required to keep medical records?

A. Yes, but not forever. Physicians and hospitals are required by state law to maintain patient records for at least six years from the date of the patient's last visit. A doctor must keep obstetrical records and records of children for at least six years or until the child reaches age 19, whichever is later. Hospitals must keep obstetrical records and records of children for at least six years or until the child is age 21, whichever is later. So, for example, if you had surgery at age 11 and want your records at age 18, the law requires that the physician and the hospital have them. But, if you are 35 and are trying to track down your childhood immunization records, the law does not require either a physician or a hospital to have them.

Q. Who can request medical records?

A. An individual can request his or her own medical records. The law also permits access by other "qualified persons." This includes parents or guardians who have approved the care or when care was provided on an emergency basis. Attorneys representing patients may also request records, as can a committee appointed to represent the needs of an incompetent patient.

Q. How do I request the records?

A. A request for medical records must be made in writing to either the individual physician or the health care facility. The request should indicate that a qualified person is making the request and should be as precise as possible. The request should identify the provider from whom the information is requested and describe the information being sought. If the records are to be sent to a third party, such as another physician, provide the name and address of that individual. Requests must be signed. A practitioner or institution may request that the signature be notarized.

Q. How long will it take to see my records?

A. Once your request is received, a physician or health care facility has 10 days to provide you with an opportunity to inspect your records. The law does not provide a specific time period by which copies of medical records must be provided. However, the New York State Health Department considers 10 to 14 days to be a reasonable time in which a practitioner should respond to such a request.

Q. If I want copies of my records, do I have to pay for them?

A. The law allows physicians and institutions to charge no more than 75 cents a page, plus postage, for paper copies of medical records. Physicians may charge the actual reproduction costs for radiographic materials, such as X-rays or MRI films. A provider may not charge for original mammogram films but may charge for postage. However, an individual cannot be denied access to information solely because he or she is unable to pay.

Q. If I need copies of my records to apply for government benefits, do I have to pay for them?

A. No charge may be imposed for providing, releasing, or delivering your records or copies of your records where requested for the purpose of supporting an application, claim, or appeal for any government benefit or program, provided that, where a provider maintains your records in electronic

form, the provider must provide the copy in either electronic or paper form, as required by the government benefit or program, or at the patient's request.

Q. Can a physician or institution charge a search and retrieval fee for getting my records?

A. No.

Q. Can a physician refuse to let me see my records if I haven't paid my medical bill?

A. No.

Q. What information can I see?

A. All information concerning or relating to your examination or treatment must be available for your review.

Q. Are there any parts of my medical record to which my physician can deny me access?

A. Yes. A physician can deny you access to the following:

- Personal notes and observations.
- Information disclosed to the practitioner under the condition that it would be kept confidential.
- Information that the practitioner believes should not be disclosed regarding the treatment of a minor. A patient over age 12 may be advised of a records request and, if he or she objects, the provider may deny the request.
- Information the physician believes may cause substantial harm to the patient or others.
- Information obtained from other physicians who are still in practice. That information should be requested directly from those practitioners.
- Substance abuse program records. Initial requests for records should be directed to the facility.
- Clinical records of facilities licensed or operated by the Office of Mental Health. Mental Hygiene Law provides a separate process for release of these records.

Q. What are personal notes and observations?

A. The law defines personal notes and observations as "a practitioner's speculations, impressions (other than a tentative or actual diagnosis) and reminders..."

Q. Can I appeal a denial?

A. Yes. If access to any or all of your records is denied, you may appeal. When a physician denies you access, they must provide you with a form explaining the appeal process.

Q. How does the appeal process work?

A. A written appeal must be filed with the New York State Health Department. A provider has 10 days to provide copies of the records and an explanation for the denial to the chair of the state Medical Records Access Review Committee. Within 90 days, the committee reviews the records, provides the physician and the individual requesting the records an opportunity to be heard, and issues a written decision. If the committee finds that the records should be made available, the practitioner must comply. If the appeal is denied, the individual can seek disclosure through the courts. However, if the committee decides that parts of the record are personal notes, the decision is final and cannot be reviewed in court.

Q. What happens if a physician still refuses to provide my records, even after I win an appeal?

A. Under state law, failure to provide medical records requested by a qualified individual is misconduct. A physician who fails to comply can be subject to disciplinary action by the New York State Health Department.

Q. How do I get more information?

A. If you would like information regarding records held by physicians, health care facilities, and other health professionals, write to:

Access to Patient Information Coordinator
New York State Department of Health - OPMC
Riverview Center
150 Broadway, Suite 355
Albany, New York 12204-2719

For additional information or assistance, call:

- 1-800-663-6114

If you would like information regarding records held by hospitals, direct your initial inquiry to the hospital. For additional information or assistance, call:

- 1-800-804-5447

If you would like information regarding records held by facilities licensed or operated by the New York State Office of Mental Health, direct your initial written request to the director of the individual facility. For additional information or assistance, call:

- 1-800-597-8481

If you have questions regarding substance abuse treatment records, direct your initial inquiry to the individual facility. For additional information or assistance, call:

Public Information Office
NYS Office of Addiction Services and Supports
1450 Western Avenue
Albany, NY 12203-3526

- 1-518-473-3460

Questions or comments: opmc@health.ny.gov

Revised: March 2024

Denial of Access to Patient Information and Appeal Form

SECTION I – Denial of Access to Patient Information: To be completed by the provider.

INSTRUCTIONS: Section I of this form is to be completed by the provider if access to patient information is denied. Print or type all information in Section I and give the entire form to the person who has been denied access.

Patient's Name _____

Description of Records Requested _____

For the Period From _____ To _____

Requested By (Name) _____ On (Date) _____

The request is denied, ☐ in total or ☐ in part because (check applicable box below):

- ☐ Release of the information can reasonably be expected to cause substantial and identifiable harm to the patient or others which outweighs the qualified person's right to access.
- ☐ The records are substance abuse program and/or clinical records of facilities licensed or operated by the Office of Mental Health and may be disclosable under the Mental Hygiene Law.
- ☐ Release of the information would have detrimental effects on the provider's professional relationship with a minor, or the minor's relationship with his or her parents or guardian.
- ☐ The information was obtained from other examining or treating practitioners and made be requested from other practitioner's directly.
- ☐ The requested records are personal notes and observations.
- ☐ Other provisions of law prevent the release.
- ☐ The information was disclosed under the condition it would be kept confidential, and it has been kept confidential since then.
- ☐ The person making the request is not qualified by the law to have access.

Name of Provider (Print or type) _____

Signature _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ - _____

SECTION II – Request for Review of Denial of Access to Patient Information: To be completed by the patient or other qualified person.

INSTRUCTIONS: 1. Read the information below before completing this section.

2. If you want to appeal the denial of access to patient information, complete this section and send the entire form to:

API Coordinator
Office of Professional Medical Conduct
150 Broadway, Suite 355
Albany, New York 12204-2719

3. 1-800-663-6114 – For physicians and other health professionals.

I request a review by a Medical Record Access Review Committee of the denial of access to patient information described in Section I.

I am qualified to make this request because I am (check one):

- ☐ The patient whose records were requested.
- ☐ The parent or legal guardian of the patient, and I consented to the care and treatment or the care was provided in an emergency without consent.
- ☐ An otherwise qualified person (specify).

Name of Qualified Person (Print or type) _____

Signature _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number: (____) _____ - _____

You and Your Health Records

You now have the right to see your health records. New York State Law requires all health care practitioners and facilities to allow patients to have access to their health records. However, some restrictions may apply.

This form describes your rights, what information is available and how to appeal if access to health records is denied.

Who may request information?

Patients may. Also, the parents or guardians of a child may request access if they have consented to the health care or the care was provided in an emergency without consent. You will be required to put your request in writing. The health care provider then has 10 days after receiving the request to provide an opportunity for you to inspect your records. You can also request copies of the records. The provider may make reasonable charges to you to cover the costs of inspections and copies. **HOWEVER, YOU CANNOT BE DENIED ACCESS TO THE RECORDS SIMPLY BECAUSE YOU CANNOT PAY THE COSTS OF COPYING OR INSPECTION.**

What information is available?

All information concerning or relating to your examination or treatment is available for your review EXCEPT:

- personal notes and observation maintained by the practitioner;
- information that was disclosed to the practitioner under the condition that it would be kept confidential and it has been kept confidential since then;
- information about the treatment of a minor that, in the opinion of the practitioner, should not be disclosed to the parents or guardians (a patient over the age of 12 may be told that his/her parents or guardians have requested the patient's records, and if the child objects, the provider may deny the request);
- information that the practitioner determines may reasonably be expected to substantially harm the patient or others;
- substance abuse program records and clinical records of facilities licensed or operated by the Office Mental Health (These records may be disclosed pursuant to a separate process in Section 33.16 of the Mental Hygiene Law);
- information obtained from other examining or treating practitioners which may be requested from the other practitioners directly;
- when other provisions in law prevent the release. For example, Public Health Law, Section 17 prevents release to parents or guardians of some types of children's medical records. The provider has the right to review the requested records before granting you access. The provider may decide to deny access to all or part of the record if one of the exceptions applies. In that case, the provider may give you a prepared summary of the information.

Can denial of access be appealed?

Yes. If access is denied, you may appeal (without charge). The provider is required to give you this form explaining the appeals process. If you wish to appeal, complete the attached form and send it to the "Access to Patient Information Coordinator" in the New York State Department of Health at the address below. A Medical Record Access Review Committee will then review your request. The coordinator will notify the provider and the review committee of your appeal. The provider then has 10 days to send the information to the chairperson of the committee, along with a statement explaining why access was denied. The committee will review the records, provide you and the provider a chance to be heard, and issue a written determination. If the review committee decides that you should have access, the practitioner must comply. If the committee agrees that access may reasonably be denied, you still have the right to seek disclosure through a court proceeding. However, if the committee decides that parts of the record are personal notes, the decision is final and cannot be reviewed in court. Other rights and limitations may be involved.

If you need more information, write the "Access to Patient Information Coordinator" in the Office of Professional Medical Conduct, 150 Broadway, Suite 355, Albany, New York 12204-2719, or call (800) 663-6114.



**Department
of Health**