

Patient Access to Medical Records

California Health & Safety Code Section 123100 et seq. establishes a patient's right to see and receive copies of his or her medical records, under specific conditions and/or requirements as shown below. The law only addresses the patient's request for copies of his or her own medical records and does not cover a patient's request to transfer records between health care providers or to provide the records to an insurance company or an attorney. The request to transfer medical records is considered a matter of "professional courtesy" and is not covered by law. No statutes cover record transfers and there is no set protocol for transferring records between providers. Generally, physicians will transfer records without charging a fee; however, some doctors do charge a fee associated with copying and mailing the paperwork. Physicians will require a patient to sign a records release form to transfer records.

If you have followed the requirements outlined in the Health & Safety Code and the physician has not complied with your request, you may [file a complaint with the Medical Board](#). The physician will be contacted to determine the reason for failing to provide you with access to your medical records.

Section 123110 of the Health & Safety Code specifically provides that any adult patient, or any minor patient who by law can consent to medical treatment (or certain patient representatives), is entitled to inspect patient records upon written request to a physician and upon payment of reasonable clerical costs to make such records available. The physician must then permit the patient to view his or her records during business hours *within five working days* after receipt of the written request. The patient or patient's representative may be accompanied by one other person of his or her choosing. Prior to inspection or copying of records, physicians may require reasonable verification of identity, so long as this is not used oppressively or discriminatorily to frustrate or delay compliance with this law.

The patient or patient's representative is entitled to copies of all or any portion of his or her records that he or she has a right to inspect, upon written request to the physician. The physician may charge a fee to defray the cost of copying, not to exceed 25 cents per page or 50 cents per page for records that are copied from microfilm, along with reasonable clerical costs. By law, a patient's records are defined as records relating to the health history, diagnosis, or condition of a patient, or relating to treatment provided or proposed to be provided to the patient. Physicians must provide patients with copies *within 15 days* of receipt of the request.

According to subdivision 123110(d) of the Health and Safety Code, the patient or patient's representative is entitled to a copy at no charge of the relevant portion of the patient's record upon presenting the provider a written request and proof that the records, or supporting forms, are needed to support a claim or appeal regarding eligibility for a public benefit program. The requestor is entitled to no more than one copy of any relevant portion of his or her record free of charge. This does not apply to any patient represented by a private attorney who is paying for the costs related to a patient's claim or appeal, pending the outcome of that claim or appeal. "Private attorney" means any attorney not employed by a non-profit legal services entity. (Health and Safety Code section 123110(d)(3)).

The public health benefit programs include Medi-Cal; the In-Home Supportive Services Program; the California Work Opportunity and Responsibility to Kids (CalWORKS) Program; social security disability insurance benefits; Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits; federal veterans service-connected compensation and nonservice-connected pension disability; and CalFresh.

Copies of x-rays or tracings from electrocardiography, electroencephalography, or electromyography do not have to be provided to the patient or patient's representative if the originals are transmitted to another health care provider upon written request of the patient and *within 15 days* of receipt of the request. A patient may request to purchase copies of his or her x-rays or tracings. All reasonable costs, not exceeding actual costs, may be charged to the patient or patient's representative.

A physician may choose to prepare a detailed summary of the record pursuant to Health & Safety Code section 123130 rather than allowing access to the entire record. This summary must be made available to the patient *within 10 working days* from the date of the patient's request. If more time is needed, the physician must notify the patient of this fact and the date that the summary will be completed, *not to exceed 30 days between the request and the delivery of the summary*.

If the patient specifies to the physician that he or she is interested only in certain portions of the record, the physician may include in the summary only that specific information requested. The summary must contain information for each injury, illness, or episode and any information included in the record relative to: chief complaint(s), findings from consultations and referrals, diagnosis (where determined), treatment plan and regimen including medications prescribed, progress of the treatment, prognosis including significant continuing problems or conditions, pertinent reports of diagnostic procedures and tests and all discharge summaries, and objective findings from the most recent physician examination, such as blood pressure, weight, and actual values from routine laboratory tests. The summary must contain a list of all current medications prescribed, including dosage, and any sensitivities or allergies to medications recorded by the physician.

There are some exceptions to the absolute requirements shown above: a physician may refuse the request of a minor's representative to inspect or obtain copies of the minor's records if a physician determines that access to the patient records requested by the representative would have a detrimental effect on the physician's professional relationship with the minor patient or the minor's physical safety or psychological well-being.

A physician may refuse a patient's request to see or copy his or her mental health records if the physician determines there is a substantial risk of significant adverse or detrimental consequences to the patient if such access were permitted, subject to the following conditions:

The physician must make a written record and include it in the patient's file, noting the date of the request and explaining the physician's reason for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the physician anticipates would occur if inspection or copying were permitted.

The physician must permit inspection or copying of the mental health records by a licensed physician, psychologist, marriage and family therapist, or clinical social worker designated by the patient. These health care providers must not then permit inspection or copying by the patient.

The physician must inform the patient of the physician's refusal to permit the patient to inspect or obtain copies of the requested records, and inform the patient of the right to require the physician to permit inspection by, or provide copies to, the health care professionals listed in the paragraph above. The physician must indicate in the mental health records of the patient whether the request was made to provide a copy of the records to another health care professional.