



April 29, 2021

U.S. Department of Health and Human Services Office of Civil Rights  
Attention: RIN 0945-AA00  
Hubert H. Humphrey Building, Room 509F  
200 Independence Ave. SW  
Washington, D.C. 20201

Re: RIN 0945-AA00, Proposed Modifications to the HIPAA Privacy Rules to Support, and Remove Barriers to, Coordinated Care and Individual Engagement

*Submitted Electronically at Regulations.Gov*

To Whom it May Concern:

We appreciate the opportunity to comment on the Department of Health and Human Services (HHS) Office of Civil Rights (OCR) Notice of Proposed Rule Making (NPRM) RIN 0945-AA00 regarding modifications to the Health Insurance Portability and Accountability Act privacy and security rules (HIPAA Rules).

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), founded in 1824, is the region's professional medical association, and the oldest professional association in Ohio. We are a non-profit 501(c)6 representing over 5,000 physicians and medical students from Northern Ohio. The mission of the Academy of Medicine of Cleveland & Northern Ohio is to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine.

Our physician members support their patients' right to access their own health information. We believe knowledge is power, and that transparency allows patients better ability to be active participants in managing their health. However, we are concerned about the influx of new technologies and how that impacts the privacy of the patient-physician relationship.

We respectfully ask the OCR to reconsider its proposal to permit individuals to take videos and photographs of PHI as part of the right of access. We are concerned that patients could accidentally expose confidential information, putting other patients at risk. We also worry about the privacy of our physicians and other caregivers in the office who too have a right to privacy.

We also ask for the removal of the proposal to expand the right of access to include inspection at the point of care. While our physicians want their patients to have easy access to their records, it may not be feasible to provide a patient access to their entire record on-demand during a visit. Appropriate workforce may not be immediately available to meet this request. Additionally, it could impact our

physicians' ability to treat other patients who may be waiting, causing a delay and potential disruption in care.

Thirdly, we ask for the removal of the proposal to expand the right of a patient's access to include requiring disclosures to third parties. Not only will this change create an administrative burden, but it also remains unclear what liability the provider would have if the personal health information included in these records was disclosed to this third party, and then used or accessed inappropriately. The patient-physician relationship is sacred and should remain protected. The patient is welcome to share records with those whom they choose, however, we worry about the unintended consequences of the physician's office providing these records directly.

We thank the OCR for the inclusion of expressly permitting covered entities to disclose PHI to social services agencies, community-based organizations, home- and community-based service providers, and similar third parties that provide health-related services to specific individuals for individual-level care coordination and case management. Care coordination is integral to the practice of medicine and helping to ensure we address population health in treating all our patients' needs. This change will make it easier for our physicians to engage directly with these service providers.

Thank you again for your thoughtful review of these rules. We appreciate the opportunity to comment.

Sincerely,

A handwritten signature in cursive script that reads "Kristin Englund, MD, MLS." The signature is written in black ink and is positioned below the word "Sincerely,".

Kristin Englund, MD