



PATIENT ACCESS CHALLENGES

FAQs on Requesting Images on CD

Scenario 1:

Patient: "I would like to schedule a second opinion appointment for my recent lung cancer diagnosis."

Receptionist: "We can't schedule the new patient appointment until we have a copy of all your medical records, especially the images on CDs."

Patient: "But that could take weeks. Can I just forward what's in my patient portal?"

Receptionist: "Unfortunately, it is office policy to not schedule a new patient appointment without the images on CD being reviewed first."

Scenario 2:

Doctor: "Did you bring your MRI images on CD?"

Patient: "Doesn't the imaging center send you all that?"

Doctor: "I only received the report but need to review the images as well. You'll have to call the imaging center and request a copy of the images on CD and bring them to your next appointment."

Patient: "Why didn't anyone tell me that before I left the imaging center? Doc, why didn't you tell me that at the last appointment when you ordered the MRI? The imaging facility is over an hour away."

Scenario 3:

Doctor: "You will need a CT scan of the abdomen and pelvis with contrast."

Carepartner: "Mom already had a CT scan of the abdomen and pelvis with contrast a month ago. She had it done when she was hospitalized for the severe pain."

Doctor: "I don't see it in her chart. Maybe mom had a different type of test done? I'm ordering the scan."

Carepartner (digging through her shopping bag filled with folders and records): "That won't be necessary. I have a copy of mom's images on CD from her recent CT scan here."

Barriers to Access Overview: Frequently Asked Questions about Images on CD

Throughout their care journey, patients may need access to their images on CD for a variety of reasons. Physicians also rely on timely access to patients' images in order to care for their patients. The AMA recognizes that there is a lack of standardization in process, workflows, and communication in the realm of requesting images on CD. This guidance has been curated by the AMA to address the most frequently asked questions physicians may have about providing patients with access to their images on CD.

Why do patients need their images on CD?

When ordering imaging tests for patients, such as an MRI, CT scan, or mammogram, many physicians prefer to see the actual images in addition to the radiology report. Physicians may wish to refer to images during appointments to compare them against previous baseline images to monitor a disease's progression, success of treatment, or monitor for emerging differences over time. When patients bring copies of imaging on a CD with them to their appointments, it can often make the appointment more productive and efficient for both the patient and physician.

Some specialties, such as oncology, orthopedics, or neurosurgery, require patients to submit their medical records and images on CD to the office for review before scheduling an appointment for a new patient consultation.

Patients who receive a life-altering, life-limiting diagnosis may wish to seek a second opinion to confirm their diagnosis or their treatment plan. In this case, having previous imaging results available on CD:

- helps patients expedite securing an appointment;
- helps physicians quickly review the patient's case;
- prevents unnecessary delays in care;
- expedites treatment planning;
- reduces the need for duplicate imaging;
- lessens unnecessary exposure to radiation; and
- empowers patients to create their own longitudinal, personal health record.

1. How can I help patients request their images for an upcoming new patient appointment?

Physician practices that require patients to submit their medical records and images on CD to your office before scheduling an appointment should make this policy clear on the practice's website to alert patients to this requirement. The website should provide patients with guidance on how to obtain these records. For example, practices should link to a copy of the [Patient Record Request Form](#) from the [AMA Patient Electronic Records Access Playbook](#) (Appendix D, p.91) on their website. The Patient Record Request Form should also be readily available to be emailed to patients upon request. The form can be pre-filled to specify where images on CD should be mailed with the respective practice name and mailing address. This prevents errors that may happen while patients are trying to write down the mailing address often dictated over the phone. Errors in mailing addresses, such as misspelled street names, incorrect building numbers, and missing suite and office numbers, can cause significant delays in delivering requested images on CD.

Practices should also designate an internal office staff point person to help [guide patients through the process](#) should any questions or concerns arise. Physicians, practices, and other covered entities should also have plans in place for managing imaging requests from non-U.S. residents.

Office staff should contact the patient to confirm when the practice receives the CD images to alleviate the patient's anxiety over wondering if the images were delivered.

2. How long should it take to fulfill patient imaging requests?

The HIPAA Privacy Rule requires a covered entity to [respond to a patient's request for access within 30 calendar days of the request](#). Physicians and covered entities should be mindful of the sense of urgency behind the records request. For example, suppose a patient cannot make an appointment for a second opinion for their advanced cancer diagnosis without their images on CD. In that case, covered entities and physician practices should expedite processing the request as quickly as possible.

Physicians and covered entities should consider developing processes by which patients can electronically pay for expedited shipping of requested images on CD to the location of their choice. While many physicians and covered entities may be able to quickly process the request within 24 to 48 hours, patients may incur significant delays if they are required to pick up the images on CD in person or forced to wait for regular ground shipping that may take 7-10 business days for delivery. Patients may wish to pay for expedited, overnight, or two-day shipping and workflows should be updated to support this necessary timeframe.

3. What can I charge for fulfilling a patient's request for imaging on CD?

The HIPAA Privacy Rule permits covered entities to [charge a reasonable, limited fee](#) for the copying and processing records requests. Covered entities may opt to charge [actual costs, average costs, or flat-fee costs of \\$6.50](#). Patients must be made aware of these fees upfront during the initial request process. It is also helpful to give patients an itemized invoice describing the costs for processing the requests. Patients may not realize the cost of, for example, padded envelopes needed to carefully ship CDs in addition to postage, shipping, and handling costs.

The AMA [Patient Records Electronic Access Playbook](#) (Appendix C: How to Calculate Costs) provides detailed guidance on charges for electronic copies of records, covering labor, supplies, postage, and an example case study on calculating costs. The Playbook also provides a table of allowable state fees on a state-by-state basis for reasonable fees that may be charged.

Physicians and covered entities should also offer patients the option to pay for expedited shipping via [FedEx](#) and [UPS Next Day Air services](#).

4. When should patients request their images on CD?

Under the HIPAA Privacy Rule, patients have a [right to access their images](#) from screening and diagnostic tests and procedures in the form and format they request, so long as the covered entity can readily produce them. Requesting images on CD should be built in as part of the patient care continuum and considered an integral part of the patient experience. Physicians should reflect on how they utilize images in medicine and develop workflows around ensuring that patients are proactively alerted to the fact that they will need their images on CD. Currently, most requests for images are reactive, often leading to significant delays in care coordination. Patients should be encouraged to obtain a copy of their images on CD in the following scenarios:

- whenever a physician orders any radiology, interventional radiology, or interventional cardiology procedures. Both ordering and rendering physicians should remind their patients that they should request a copy of the images on CD before leaving the respective imaging facility or hospital. Ordering physicians may also make a note on the imaging prescription that copies of images should be sent home with the patient or sent directly to the ordering physician's practice.
- as part of the [hospital discharge planning process](#). Any imaging performed at the hospital should follow the patient at discharge. Proactively discharging patients with their imaging can facilitate more productive and comprehensive follow-up appointments in outpatient settings with their care teams. Nurse navigators, social workers, patient advocates, discharge planners, health information management (HIM) professionals, and primary carepartners may all help patients with this process.
- when seeking a second opinion. Patients, especially those who have received a life-altering, life-limiting diagnosis, may wish to seek a second opinion to confirm their diagnosis or their treatment plan. Having previous images on CD helps patients expedite securing an appointment, helps physicians quickly review the patient's case, prevents unnecessary delays in care, and reduces the need for duplicate imaging.

5. How should patients request their images on CD?

Physicians, practices, and covered entities should commit to designing a stream-lined workflow that easily empowers patients to request their images on CD. Patient requests for images on CD must be triaged accordingly as requests for images on CD are often routed to a different medical records department than traditional medical records requests. Typically, patients will need to fill out a medical records request form specifying the images needed and where they need to be sent or if they will be picked up. Verbal requests for a copy of images on CD the day of an imaging procedure or immediately after completion should be honored by office staff to the extent possible.

6. How can patients share their images electronically?

There are cloud-based medical image management service providers that can enable and empower patients to share their imaging electronically, such as those used at [Johns Hopkins](#). Third-party applications (apps) with diagnostic-quality access to images for the management of health records are also rapidly evolving. The AMA has taken great measures to advocate for patient information [privacy and security](#), especially as it relates to the use of third-party apps for aggregation and sharing. Physicians should be prepared to discuss and be open with patients about the potential benefits of the use of apps to manage health information as well as the privacy risks associated with their use.

Services such as [Microsoft OneDrive](#) or [Apple iCloud](#) allows users to save their files and images and access them anywhere. Many of these services are free or at a nominal fee for an increased amount of storage. Files can be accessed across all devices and offline, enabling active sharing of records, files, and images via an email or text link.

U.S. veterans receiving care through U.S. Department of Veterans Affairs (VA) health care facilities with a [My HealthVet Premium account](#) can download available VA medical images from their VA electronic health record (EHR).

7. Should patients speak to their radiologist about the images that they were able to access?

Direct conversations between a patient and their radiologist can add additional context to the information in the imaging report, answer questions, and reduce anxiety. Physician practices can support patients' desire to speak with the radiologist that read their imaging and prepared the radiology report by ensuring the radiologist is aware of the request and forwarding any additional medical records or clinical context to the radiologist prior to the conversation. Practices can also help the patient find the name of the radiologist who prepared their report, enabling them to reach out directly. Practices should have workflows supporting image review with patients, either in-person or via telehealth, to discuss any discrepancies and resolve the patient's questions.

8. Can patients view the images on the CD on their personal computer?

Most radiology images are in [DICOM](#) format, which has specifications for medical imaging. DICOM viewer applications allow patients to view their images on CD at home. Several DICOM viewer applications are available online, or the patient's radiologist may be able to suggest one to use. Physicians are encouraged to review imaging during appointments with patients, pointing out key findings, and answering any questions patients may have, especially concerning the diagnosis and treatment plan.

9. How should images on CD that come without the accompanying radiology report be handled?

Every effort should be made to include both images and the image report on a CD for the patient. Physicians, practices, and covered entities should have policies and workflows to adapt if the images on a CD are not accompanied by a report. [Challenges](#) to consider include:

- who takes responsibility for reading the images?
- if and how a formal report is written?
- who pays for the image reading?
- what happens if a new report is dictated and the opinion differs from the previous radiologist's opinion and diagnosis?

Additional Resources:

AMA [Patient Electronic Records Access Playbook](#)

HHS [Individuals' Right under HIPAA to Access their Health Information \(45 CFR 164.524\)](#)

AHIMA: [Requesting Medical Records](#)

AMA [Privacy Principles](#)

HHS: [Questions & Answers About HIPAA's Access Right](#)

[OsiriX DICOM Viewer](#)

[VA Medical Images and Reports User Guide](#)

VA [MyHealthVet](#)

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