

## **CORPORATE POLICY**

### **Patient Rights – Amendment of Protected Health Information**

Approved: HIPAA Task Force

Date Implemented:

Date Reviewed:

### **Purpose**

The purpose of this policy is to comply with applicable laws, which grant patients the right to amend their protected health information.

### **Policy**

It is the policy of (\_\_\_\_\_) that patients may request an amendment of their protected health information.

### **Responsibilities/Requirements**

1. Patients have the right to request amendments to their protected health information for as long as it is maintained in their designated record set.
2. The following timeframes apply for responding to patient requests to amend their protected health information:
  - (a) For Oregon and Alaska entities, (\_\_\_\_\_) shall act on the patient's request for amendment no later than sixty (60) days after receipt of the request for amendment. (\_\_\_\_\_) may have a one-time extension of up to thirty (30) days to act on the request for an amendment but must give the patient a written statement of the reason for the delay and the date by which the request for amendment will be processed.
  - (b) For Washington (\_\_\_\_\_) entities, (\_\_\_\_\_) shall act upon a patient's request for amendment no later than ten (10) days after receiving the request. If the record is in use or unusual circumstances have delayed handling the request, (\_\_\_\_\_) shall inform the patient and state at the earliest date not later than twenty-one (21) days after receiving the request when the corrections or amendment will be made or the request otherwise handled.
3. In the event (\_\_\_\_\_) agrees to accept the requested amendment, (\_\_\_\_\_) shall add the requested amendment and inform the patient of the action as set forth below.
4. (\_\_\_\_\_) shall inform the patient if the record and/or database, which contained the information, no longer exists or cannot be found.

5. If (\_\_\_\_\_) does not maintain the record, (\_\_\_\_\_) shall inform the patient and provide the patient with the name and address, if known, of the person/organization who maintains the record and or database.
6. (\_\_\_\_\_) may deny a patient's request for amendment if (\_\_\_\_\_) determines that any of the following reasons exists:
  - a. the protected health information or record that is the subject of the request is already accurate and complete;
  - b. the information came from another source, unless the other source is no longer available to make the correction;
  - c. the information is not part of a designated record set; or
  - d. the information is not available to the patient.
7. If (\_\_\_\_\_) denies a patient's request for amendment, it must:
  - a. make the denial in writing, in plain language;
  - b. explain the basis for the denial;
  - c. include notice of the patient's right to submit a written statement disagreeing with the denial;
  - d. state that the patient may ask that the request for amendment and denial be included with any future disclosures of the information;
  - e. describe the process for requesting a review of the denial by (\_\_\_\_\_), including contact information; and
  - f. describe the process for filing a complaint with the Secretary of HHS.
8. If a patient files a written statement disagreeing with the denial, (\_\_\_\_\_) has the right to prepare a rebuttal statement, add it to the disputed record, and give a copy to the patient. The request, denial, statement of disagreement, and rebuttal must be included in the designated record set. They must also be included in all future disclosures of the protected health information to which the disagreement relates.
9. If a patient does not file a written statement of disagreement, (\_\_\_\_\_) must include all such information in future disclosures of the protected health information if requested in writing by the patient.
10. If (\_\_\_\_\_) receives a notice of amendment from another covered entity, (\_\_\_\_\_) shall amend the protected health information in its designated record set.
11. The health records management staff of the (\_\_\_\_\_) entities shall be responsible for receiving and processing amendments to protected health information.

## Procedures

### Procedures for Adding Amendments, Statements of Disagreement, Denials, and Rebuttals to Protected Health Information:

1. If (\_\_\_\_\_) agrees to accept the requested amendment, the patient will identify those parties that he/she believes should be notified of the amendment and the specific amendment information on the Request for Amendment of Health Information form. (Attachment A)
2. If (\_\_\_\_\_) agrees to accept the requested amendment, (\_\_\_\_\_) will identify other parties that have received information that the patient may wish to include in the notification process. (Attachment B)
3. (\_\_\_\_\_) will notify other parties or business associates of the approved amendment after obtaining the individuals agreement to share the amendment. (Attachment D)
4. If (\_\_\_\_\_) agrees to accept the requested amendment, (\_\_\_\_\_) will add the amended information to the designated record set. In addition this same information will be added to secondary database(s)/ record set(s) that are active (updateable) and include patient identifiable information of a clinical and/or financial nature which is used to make patient decisions.
5. If (\_\_\_\_\_) agrees to accept the requested amendment, in a computer-based record a dated, initialed Patient Amendment Note of the amended entry will be added.
  - a. The Health Information Management Director or designee will add the patient amendment to the electronic record in the transcription module.
  - b. The transcription type will be titled Pt Amend.
  - c. The Pt Amend transcription type will include the following text: Patient requested amendment.
  - d. The patient amendment will be entered into the electronic record with quotations around the patient specific information.
  - e. The entry will include the following information at the end of the document:

_____	_____
Entered by, Title	Date Entered
  - f. The Transcription Type will be set to auto-sign.
  - g. The Request for Amendment of Health Information will be filed in the hardcopy record.
  - h. The original entry will not be removed from the record or altered.

6. If (\_\_\_\_\_) denies the patient's request to amend a medical record, the following procedures will apply to notation in the protected health information, (\_\_\_\_\_) shall:
- (a) Identify the record or protected health information in the record that is the subject of the disputed amendment and append or link the patient's request, (\_\_\_\_\_)’s denial, the patient's statement of disagreement, and (\_\_\_\_\_)’s rebuttal, if any, to the record;
  - (b) For Washington (\_\_\_\_\_) entities, mark the challenged entry to indicate that the patient challenges the entry as inaccurate or indicate in the record where the patient's statement of disagreement is located.

Attachments

- Form: Request for Amendment of Health Information (A)  
Patient Letter: Amendment Request Approval Letter (B)  
Amendment Request Denial Letter (C)
- Letter: Notification Letter to Other Parties of Amendment (D)

## Request for Amendment of Protected Health Information

(\_\_\_\_\_)

Patient Name \_\_\_\_\_ MRN#: \_\_\_\_\_

Last First Middle

Patient Address \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ DOB: \_\_\_\_\_

After review of my medical record, I do not feel the original documentation is accurate for the following service dates \_\_\_\_\_

I understand that (\_\_\_\_\_) may or may not supplement the medical record with an addendum based on my request, and under no circumstances, is able to alter the original documentation of the medical record. In any event, this request for an addendum will be made part of my permanent medical record and will be sent as part of the medical record in response to any authorized requests for my medical information.

I request the following correction/supplementation be made on my medical record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like this amendment sent to anyone to whom we have disclosed this information in the past? If so, please specify the name and address of the organizations or individuals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use backside if needed)

Signature of Patient or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

### For Healthcare Organization Use Only:

Date Received: \_\_\_\_\_  Amendment Accepted  Amendment Denied

If denied, check reason for denial:

- PHI not created by this organization
- PHI is not part of the patient's designated record set
- PHI is accurate and complete
- PHI is not available to the patient for inspection as required by state and/or federal law (e.g. psychotherapy notes)



Attachment C

Date

Patient Name

Address

Dear:

Your request to amend your health information (see attached form) has been denied for the following reasons.

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You have the right to submit a written statement disagreeing with the denial. If you wish to submit a statement of disagreement, following is the process:

*[Include description, including name, phone number, etc. of person who handles statement of disagreement].*

If you do not submit a statement of disagreement, you may request that PeaceHealth include your request for an amendment and the denial with any future disclosures of your protected health information.

You may also file a complaint with (\_\_\_\_\_) *[include regional complaint policy process]*. You may also file a complaint with the Secretary of Health and Human Services (see Section 160.306 of the Federal Register Final Privacy Rule).

Sincerely,

( \_\_\_\_\_ )

Attachment D

# Memo

**To:** [Click [here](#) and type name]

**From:**[Click [here](#) and type name]

**CC:** [Click [here](#) and type name]

**Date:** 02/07/02

**Re:** **Amendment of Patient Information**

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Patient:

\_\_\_\_\_

Last

First

Middle

We have agreed to a request from the above listed patient to amend his/her health information as outlined on the attached form titled "Request Amendment of Health Information".

In compliance with 45 CFR, Standards for Privacy of Individually Identifiable Health Information, Section 164.526 - Amendment of Protected health Information, we are notifying you of this information.