

<b>DEPARTMENT:</b> Information Protection	<b>POLICY DESCRIPTION:</b> Patients' Right to Amend
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 8/1/02, 4/1/03, 3/1/08
<b>EFFECTIVE DATE:</b> September 23, 2013	<b>REFERENCE NUMBER:</b> IP.PRI.005 (formerly HIM.PRI.005)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

<p><b>SCOPE:</b> All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, imaging and oncology centers, physician practices, and shared services centers.</p>
<p><b>PURPOSE:</b> To ensure patients the right to amend protected health information (PHI) stored in the designated record set as required by the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA) of 2009, and any and all other Federal regulations and interpretive guidelines promulgated thereunder.</p>
<p><b>POLICY:</b> Patients will be provided the right to request the facility amend their PHI that is contained within the designated record set for as long as the information is maintained by the facility. The right to request an amendment and the process for making a request must be outlined in the Notice of Privacy Practices.</p> <p>The facility may deny a patient's request for amendment, if it determines that the PHI that is the subject of the request:</p> <ol style="list-style-type: none"> <li>1. Was not created by the facility, unless the originator of the information is no longer available to act on the requested amendment;</li> <li>2. Is not part of the designated record set;</li> <li>3. Is accurate and complete; or</li> <li>4. Would not be available for access pursuant to the Patients' Right to Access Policy, IP.PRI.004.</li> </ol> <p>If the facility denies the request for amendment, the Facility Privacy Official (FPO) must provide the patient with a written denial letter that outlines the reason for the denial.</p> <p>Some states have separate patient privacy laws that may apply additional legal requirements. Consult your Operations Counsel to identify and comply with any such additional legal mandates.</p> <p>For the purpose of this policy, "amend" is the patient's right to add to (or append) information with which he/she disagrees. It does not include deleting or removing or otherwise changing the content of the record.</p> <p>Refer to the HIPAA Privacy Standards, 45 CFR Parts 160.101 and 164.501, and IP.PRI.001, Patient Privacy Program Requirements Policy, for definitions.</p>
<p><b>PROCEDURE:</b>  <u>Requests for Amendment and Timely Action</u></p> <ol style="list-style-type: none"> <li>1. The facility must permit a patient to request an amendment to PHI as contained in the designated record set. The facility must require requests for amendment to be presented in writing. The sample Request for Amendment (attached) form may be used.</li> <li>2. The facility must act on a written request to amend no later than 60 days after receipt.</li> </ol>

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### 3. Extenuating Circumstances

- a. If the facility is not able to meet the request to amend the record in 60 days the FPO must provide the patient with a written statement outlining the reasons for the delay and the date by which the request will be met.
- b. If it is foreseeable that the request cannot be met within 90 days after request receipt, the facility Ethics and Compliance Officer (ECO) and Risk Manager must be informed of the delay by the FPO no later than 5 business days prior to the deadline and must act to remediate the situation.

#### Accepting the Amendment

The following steps should be followed when accepting amendments to patient records:

1. The facility must make the appropriate amendment to the PHI by, at a minimum, identifying the records in the designated record set that are affected and appending or otherwise providing a link to the location of the amendment. In the case where the information is stored in another medium (e.g., microfilm, microfiche) a record of the link will be filed.
2. The facility must inform the patient in a timely fashion that the amendment has been accepted.
3. The facility must make reasonable efforts to inform and provide the amendment in a reasonable time to:
  - a. Persons identified by the individual as needing the amendment; or
  - b. Persons, including business associates and researchers, whom the facility knows, have the unamended information and who may have relied or could foreseeably rely on such information to the detriment of the individual.
4. Amendments regarding services provided to the patient will be communicated to appropriate individuals in the billing department for review of potential billing issues.

#### Denying the Amendment

If the facility denies the request in whole or in part, a timely, written denial to the patient must be provided by the FPO. A sample Denial Letter is attached. The denial must contain:

- a. The basis for the denial in accordance with the policy statement;
- b. The patient's right to submit a written disagreement and how the patient may file such a statement;
- c. A statement that, if the patient does not submit a statement of disagreement, the patient may request the facility include the request and denial with any future disclosures of the information included in the request for amendment; and
- d. A description of how the patient may discuss the denial with the FPO, including his/her name and telephone number, and the Secretary of HHS.

#### Statement of Disagreement and Rebuttal

1. If the patient submits a statement of disagreement after receiving the denial, the FPO may provide a written response statement (rebuttal). The rebuttal must be provided to the individual who submitted the statement of disagreement. The FPO is encouraged to discuss the disagreement with Operations Counsel.

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2. The facility must append or link the patient's request for an amendment, the denial, the statement of disagreement, and the written rebuttal to the specified designated record set.
3. Future Disclosures
  - a. If a statement of disagreement has been submitted, the facility must include the request for amendment, its denial, the statement of disagreement and the rebuttal with any subsequent disclosures.
  - b. If a statement of disagreement has not been submitted, the facility must include the request of amendment and denial only if the patient has requested such action.
  - c. If a release is made in a standard electronic transaction the amendment may be separately transmitted via paper or fax.

#### Accepting Forwarded Amendments

A facility that is informed by another entity of an amendment must accept the amendment into its designated record set.

#### Required Documentation

1. A covered entity must document and retain the following:
  - a. The designated record sets that are subject to amendment by individuals.
  - b. The titles of the persons or offices responsible for receiving and processing requests for amendment by individuals.
2. All correspondence and associated documentation related to patient amendment of the designated record set must be maintained and retained per the Records Management Policy, EC.014, or for 6 years, whichever is longer.

#### **REFERENCES:**

1. Patient Privacy Program Requirements Policy, [IP.PRI.001](#)
2. Privacy Official Policy, [IP.PRI.002](#)
3. Patients' Right to Access Policy, [IP.PRI.004](#)
4. Records Management Policy, [EC.014](#)
5. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164)
6. American Recovery and Reinvestment Act of 2009, Title XIII, Subtitle D

## Sample Denial of Amendment to Protected Health Information

Patient Name:  
Date of Birth:  
Patient Medical Record Number:

Dear (patient):

At (facility) each patient is provided the right to amend his/her protected health information that is contained within the designated record set for as long as the information is maintained. Each request is reviewed subject to the limitations outlined in HIPAA Federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164).

The Privacy Standard outlines the following circumstances where the facility may deny the amendment. Your request has been denied due to the following (circle one):

1. The information was not created by the facility;
2. The information is accurate as documented;
3. The information is not part of the record set that qualifies for amendment; or
4. The information is not available for access.

You may provide a statement of disagreement. If you provide a statement of disagreement any future releases of the information outlined in your proposed amendment will include your request for amendment and this denial. The facility's written response will also be included in the release.

If you choose not to provide a statement of disagreement, you may request that all future releases include your Request for Amendment and the Denial thereof. The request should be made in writing to the Facility Privacy Official at the address below.

You also have the right to contact the Secretary of HHS to discuss this denial.

Please contact me with questions or concerns.

(Signature of Privacy Official)

Privacy Official  
Phone: (xxx)  
Address: (XXX)

cc: (Attending Physician)

## Sample Request for Amendment Form Instructions

### Items for discussion when updating / using the Amendment Form attached:

1. Whenever a patient asks to amend his health information, document the request and your response to it by having the patient complete a request form.
2. The form you utilize should ask the patient for the following information:
  - date of the request;
  - patient's name, birth date, address, and patient number;
  - health information at issue and date or dates of its entry;
  - reason for the amendment and what the amendment should include;
  - names and addresses of anyone who should receive the information at issue; and
  - patient's signature.
3. The form also should include an area for your organization to record whether the patient's request was approved or denied; any comments; and the Facility Privacy Official signature.
4. Please refer to the Patients' Right to Amend Policy, IP.PRI.004, for further information and guidance on the requirements related to amendment.

**SAMPLE REQUEST FOR AMENDMENT OF HEALTH INFORMATION**

**Please complete the following information:**

1. Today's date \_\_\_\_\_
2. Patient Full Legal Name \_\_\_\_\_
3. Birth date \_\_\_\_\_ 4. Patient # \_\_\_\_\_
5. Patient street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Describe the information you want amended (e.g., lab test results, physician notes)  
\_\_\_\_\_
7. Provide the date(s) of the information to be amended (e.g., date of office visit, treatment, or other health care services) \_\_\_\_\_
8. What is your reason for making this request? \_\_\_\_\_  
\_\_\_\_\_
9. How is the entry incorrect or incomplete? \_\_\_\_\_  
\_\_\_\_\_

**10. Please attach the written amendment.**

11. Do you know of anyone who may have received or relied on the information in question such as your doctor, pharmacist, health plan, or other health care provider?  
If yes, please specify the name(s) and address(es) of the organization(s) or individual(s).  
\_\_\_\_\_  
\_\_\_\_\_

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12. If the amendment is accepted, do we have your permission to share the amendment with individuals who have received this information? \_\_\_\_\_

Signature of patient/legal representative: \_\_\_\_\_

Date: \_\_\_\_\_

Individual other than patient: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR HEALTHCARE ORGANIZATION USE ONLY**

Amendment has been:                      Accepted                      Denied

Signature of Facility Privacy Official: \_\_\_\_\_

Date: \_\_\_\_\_

- Patient has not filed a Statement of Disagreement, but requests that any future releases include the requested amendment and denial information.
- Patient has filed a Statement of Disagreement that **must** be released along with other documentation with any future releases of information.
- Facility/provider appended written response (rebuttal) and forwarded to patient.
- Facility/provider did not provide a response/rebuttal

\*PARS\*

\*PARS\*