



 Winson Memorial Hospital We Care For You	<u>Effective Date</u>		
	July 2007		
	<u>Number</u> HP 005	<u>Replaces Policy</u> NEW	
<u>Title</u> Patient Privacy Patient's Right to Amend	<u>Date Revised</u> July 2007	<u>Date Reviewed</u>	<u>Next Scheduled Review Date</u> July 2007
<u>Signature</u> _____	<u>Scope of Responsibility</u> HIPAA/Compliance		
Chief Privacy Officer			

PURPOSE: 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, and any and all other Federal regulations and interpretive guidelines promulgated thereunder.

POLICY: Patients have the right to request IMH amend their PHI contained within the designated record set for as long as the information IMH maintains it.

IMH may deny a patient's request for amendment, if it determines that the PHI that is the subject of the request:

1. Was not created by IMH, unless the originator of the information is no longer available to act on the requested amendment;
2. Is not part of the designated record set;
3. Is accurate and complete; or
4. Would not be available for access pursuant to the Patient Privacy – Patient's Right to Access Policy.

If IMH denies the request for amendment, the Chief Privacy Officer (CPO) must provide the patient with a written denial that outlines the reason for the denial.

DEFINITION: For the purpose of this policy, "amend" is defined as 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.

PROCEDURE:

Requests for Amendment and Timely Action

Policy:

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1. IMH must permit a patient to request an amendment to PHI as contained in the designated record set. IMH requires written requests for amendment.
2. IMH must act on a request to amend no later than 10 days after receipt.
3. Extenuating Circumstances
 - a. If IMH is not able to meet the request to amend the record in 10 days the CPO 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 21 days, the Chief Compliance Officer (CCO) and Risk Manager must be informed of the delay by the CPO no later than 2 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. IMH 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. IMH must inform the patient in a timely fashion whether the amendment is accepted;
3. IMH 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, whom IMH knows, have the unamended information and who may have relied or could foreseeably rely on such information to the detriment of the individual; and
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

1. If IMH denies a request for amendment, it must provide a timely written denial to the patient from the CPO. 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 the patient may request IMH 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 CPO, including his/her name and telephone number, and the Secretary of the Department of Health and Human Services.

Policy:

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2. Statement of Disagreement

- a. If the patient submits a statement of disagreement, the CPO may provide a response statement to the patient. The CPO is encouraged to discuss the disagreement with IMH general legal counsel.
- b. IMH 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.
- c. Any future releases must include:
 1. The request for amendment and its denial; and
 2. The statement of disagreement.

Accepting Forwarded Amendments

If IMH is informed by another entity of an amendment, it 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/retained for 4 years.