

## UNIVERSITY OF WYOMING

### HIPAA POLICY 4.2

#### REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

- I. **PURPOSE:** Patients may request amendments to their medical records, i.e. protected health information (“PHI”) through processes established by the UW Covered Component. This policy only applies to UW Covered Components who provide a direct treatment relationship to patients.
- II. **INDIVIDUAL RIGHTS:** An individual has the right to have a UW Covered Component correct, clarify and amend PHI about an individual in a designated records set for as long as the PHI is maintained in the designated records set.
- III. **PROCEDURE:**
  - a. **Form:** All requests from the patient should be in writing using the form approved by the UW Covered Component. A sample is attached at the end of this policy.
  - b. **Verification:** Upon receipt of the request for amendment, the UW Covered Component personnel must verify the identity of the person making the request, e.g. with picture identification or comparison of signatures documented in the patient’s records or another reasonable means as determined by the UW Covered Component.
  - c. **Evaluation:** The evaluation of the request to amend PHI shall be reviewed by the UW Covered Component. The UW Covered Component personnel reviewing the request may depend on the type of request, e.g. requests for amendments to a patient’s medical records may be reviewed by clinical staff/author of record whereas requests for amendments to a patient’s billing records may be reviewed by business or office staff.
  - d. **Timely Action:** The UW Covered Component must act on a request for correction, clarification or amendment no later than 60 days after receipt of the written request.
    - i. If a decision cannot be made in 60 days, the response time may be extended by the UW Covered Component by 30 days, provided that notice is provided to the individual within the original time limit stating the reasons for the delay and the date by which the UW Covered Component will complete its action. Only one extension of 30 days is allowed.
    - ii. A written notice must be provided to the requestor describing the decision. This notice must be included in the patient’s medical or billing records and a copy retained by the UW Covered Component’s Privacy Officer.
- IV. **ACCEPTING AMENDMENT:** If the covered entity accepts the requested amendment, in whole or in part, the covered entity must comply with the following requirements.
  - a. **Making the Amendment:** The UW Covered Component must make the appropriate amendment to the protected health information or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

- b. **Notification:** In the event that a request for amendment is granted, the UW Covered Component must timely notify the requestor that the amendment is accepted and obtain the individual's identification of and agreement to have the UW Covered Component notify the following relevant persons with which the amendment needs to be shared:
  - i. The people or groups identified by the patient as having received PHI about the individual and needing the amendment; and
  - ii. Other people, including business associates, who the UW Covered Component believes have the information that is the subject of the amendment and may have relied on, or could foreseeably rely on, the information to the detriment of the patient.

**V. DENIAL OF AMENDMENT:** If the covered entity denies the requested amendment, in whole or in part, the covered entity must comply with the following requirements.

- a. **Grounds:** A request for amendment may be denied if the UW Covered Component determines that the PHI or record that is the subject of the request:
  - i. The document to be amended was not created by the UW Covered Component and there is no reasonable basis to believe that the originator of the document is no longer available to act on the amendment;
  - ii. The information to be amended is not part of the designated record set;
  - iii. The information is accurate and complete;
  - iv. The information is not available for inspection or access to the individual under HIPAA, such as psychotherapy notes or information compiled in reasonable anticipation for use in criminal, civil or administrative proceedings.
- b. **Notification:** In the event that a request for amendment is denied, the UW Covered Component must send a timely written notice to the requestor and place a copy of the notice in the patient's record. The notice must use plain language and contain:
  - i. The basis for the denial;
  - ii. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a claim;
  - iii. A statement that, if the individual does not submit a statement of disagreement, the individual may request that the UW Covered Component provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
  - iv. A description of how the individual may make a complaint to the UW Covered Component or HHS. The description must include the contact information.
- c. **Statement of Disagreement:** A UW Covered Component must permit the individual to submit to the UW Covered Component a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The UW Covered Component may reasonably limit the length of a statement of disagreement.
- d. **Rebuttal Statement:** A UW Covered Component may prepare a written rebuttal to the individual's statement of disagreement and provide a copy to the individual who submitted the statement of disagreement. A copy must also be maintained in the individual patient's record.

- e. **Recordkeeping:** A UW Covered Component must, as appropriate, identify the record or protected health information in the designated record set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the covered entity's denial of the request, the individual's statement of disagreement, if any, and the covered entity's rebuttal, if any, to the designated record set.
- f. **Future Disclosures:**
  - i. If a correction, clarification or amendment has been submitted, the UW Covered Component must include all of the information appended to the record, or any accurate summary of such information, with any subsequent disclosure of the PHI to which the correction, clarification or amendment relates.
  - ii. When a subsequent disclosure is made using a standard transaction that does not permit the additional material to be included with the disclosure, the UW Covered Component may separately transmit the material required to be sent, to the recipient of the standard transaction

VI. **ACTIONS ON NOTICES OF AMENDMENT:** If the UW Covered Component is informed by another covered entity of a correction, clarification, or amendment to an individual's PHI, it must correct, clarify or amend the PHI in its designated record sets.

VII. **DOCUMENTATION:** A UW Covered Component must document the titles of the persons or offices responsible for receiving and processing requests for corrections, clarifications or amendments by individuals and retain the documentation of all requests, responses, denials, statement of disagreement, rebuttals, and amendments for a period of 6 years from their last effective date, or as long as the record set is maintained, or as required by state or federal law or UW Regulations, whichever is longer.

VIII. **REFERENCES/APPLICABLE LAW:**

- a. 45 C.F.R. Section 164.526

**Request for Correction and/or Amendment of Protected Health Information**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Please Print)

Patient Address:

Street: \_\_\_\_\_

Apartment number: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Type of Entry to be amended:

- |  |   |
|--|---|
| <input type="checkbox"/> Clinic Visit Physician Note | <input type="checkbox"/> Prescription information |
| <input type="checkbox"/> Clinic Visit Nurse note     | <input type="checkbox"/> Patient history          |
| <input type="checkbox"/> Hospital note               | <input type="checkbox"/> Other                    |

Please explain how the entry is inaccurate or incomplete:

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

Please specify what the entry should say to be more accurate or complete:

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

Would you like this amendment sent to anyone to whom we may have disclosed this information in the past? If so, please specify the name and address of the organization or individual (Name & Address):

\_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Legal Guardian:

\_\_\_\_\_

**FOR INTERNAL USE ONLY**

Date Received:

Accepted

Denied

If Denied, Check Reason for Denial:

- PHI was not created by this organization       PHI is not part of patient's designated record set
- PHI is not available to the patient for inspection       PHI is accurate and complete as required by Federal law (e.g., psychotherapy notes)      (PHI = Protected Health Information)

Signature of Clinician:

Comments:

- Individual was informed of denial in writing (Attach Amendment Denial Letter)

\_\_\_\_\_  
Signature/Title of Staff Member

\_\_\_\_\_  
Date

- Individual has requested amendment/denial be included with any future disclosures of protected health information (Must be requested in writing and attached to this document)

\_\_\_\_\_  
Signature/Title of Staff Member

\_\_\_\_\_  
Date