INDIVIDUAL REQUESTS TO AMEND HEALTH INFORMATION PROCEDURE

1. The Privacy Official or Designee(s) may designate trained members of the workforce to perform any of the duties assigned to the Privacy Official or Designee(s) in this procedure, subject to the supervision of the Privacy Official or Designee(s).

   1.1 Requests to amend protected health information will be received by the department manager at the location where the patient makes the request. Requests that are directed generally to BBHHF will be referred to the Privacy Officer.

   1.2 All requests will be routed to the Privacy Official or Designee(s) for processing.

Processing procedure

2. The Privacy Official or Designee(s) will assure that the request from the patient is documented in writing.

3. The Privacy Official or Designee(s) will determine whether any of the subject information is not subject to amendment for the reasons stated in this policy.

4. The Privacy Official or Designee(s) will identify which physicians and other professionals originated the subject information, and will confer with them regarding whether any information should be amended. If the originator of the information is not available, the Privacy Official or Designee(s) will confer with the Clinical Director or a designated physician or other professional in the same specialty.

5. The Privacy Official or Designee(s) will prepare a response to the patient. If the amendment of any information is denied, the response will include the required elements of a notice of denial. The response will comply with the time frames in this policy, or with any more stringent time frames set by state law.

6. The Privacy Official or Designee(s) will receive any statement of disagreement, and will prepare any rebuttal with the assistance of the professional who originated the information in question or the designated professional if the originator is not available.

7. The Privacy Official or Designee(s) will assemble the entire file to be appended to the affected designated record sets, including the original request, notice of denial, statement of disagreement, and rebuttal.

8. The Privacy Official or Designee(s) will retain all documentation related to the request, whether it is granted or denied, for as long as the subject data are maintained in designated record sets.

Information Management

9. The Directors of Health Information Management (Medical Records) and Information System, with the assistance of the Privacy Official or Designee(s), will implement necessary changes in record keeping, both paper and electronic, to effect the required references and links to documents pertaining to a request to amend PHI.

REFERENCE: 45 CFR § 164.426

See also: DESIGNATION OF RECORD SETS

RIGHT OF ACCESS TO PROTECTED HEALTH INFORMATION

Effective Date: 4/4/16
Dates Revised:

INDIVIDUAL REQUESTS TO AMEND HEALTH INFORMATION POLICY

RESPONSIBILITY: Privacy Official or Designee(s), Department Managers

BACKGROUND:

Patients have the right to request the Bureau for Behavioral Health and Health Facilities (BBHHF) to amend certain protected health information. BBHHF will consider such requests in accordance with this policy.

POLICY:

Patients may request BBHHF to amend protected health information that it maintains in designated record sets. (See the DESIGNATION OF RECORD SETS policy.)

BBHHF will make the requested amendment UNLESS:

1. The request is not received in writing, stating a reason to support the requested *amendment*; or,

2. BBHHF was not the originator of such information, unless the patient provides a reasonable basis to believe that the originator is no longer available to act on the requested amendment, or,

3. The information to be amended is not maintained in a designated record set; or,

4. The patient would not have access to the information under the provisions of BBHHF's RIGHT OF ACCESS TO PROTECTED HEALTH INFORMATION POLICY; or

5. BBHHF considers the information to be accurate and complete.

Time Frames

BBHHF will respond to requests to amend protected health information within the following time frames:

1. Within 60 days from the date of the written request for amendment, BBHHF will either make the requested amendment, request an extension, or issue a notice of denial of request.

2. One 30-day extension is permitted. A request for extension must be in writing and must include the reason for the delay and the date by which BBHHF will complete its action on the request.

Accepted Amendments

1. The amendment(s) will be made by identifying each amended datum and providing a reference, or link, to the location of the amendment. No data will be erased. This applies to both paper and electronic records.

2. The patient will be informed that the amendment was accepted, within the time frame specified by this policy.

3. The patient will be requested to identify other entities to which the amended information needs to be communicated, and to authorize such communication.

4. BBHHF will make reasonable efforts to provide the amended information to entities which the patient identifies as needing the amendment, and to others that BBHHF knows to have received the unamended information and who may rely, or may have relied, on that information to the detriment of the patient.

Denied Amendments

When a request to amend protected health information is denied, the notice of denial will:

1. Be sent in compliance with the time frames of this policy.

2. State the basis for the denial, according to this policy.

3. State that the patient may appeal the denial in writing, with instructions on how to file an appeal.

4. State that, if the patient does not appeal the denial, the patient may request that BBHHF provide copies of the patient's request for amendment, and the notice of denial, with any further disclosures of the information that is subject to the request to amend.

5. Include a stamen of how the patient may complain to BBHHF or to the Secretary, U.S. Department of Health and Human Services.

Appeal and Rebuttal

A patient whose request to amend protected health information has been denied (in whole or in part) may appeal the denial by submitting a statement of disagreement. This is a statement of the reasons why the patient disagrees with the denial.

If BBHHF decides to make a requested amendment on the basis of a statement of disagreement, the amendment will be made in accordance with this policy.

If BBHHF does not accept the reasoning of the statement of disagreement, it will send the patient a written rebuttal, stating why it is not accepting the requested amendment.

Record Keeping

If the amendment is denied, BBHHF will identify each datum to which the denied request applied, and for each, provide a reference or link to a copy of the patient's request for amendment, the denial letter, any statement of disagreement, and any rebuttal. This applies to both paper and electronic records.

Future Disclosures

1. Future disclosures of amended information will include the amendment.

2. If the patient has appealed a denial of amendment, future disclosures of the subject information will include copies of the patient's request for amendment, the denial letter, the statement of disagreement, and the rebuttal, or an accurate summary of the original request, the denial, the letter of disagreement and the rebuttal.

3. If the patient has not appealed a denial of amendment, future disclosures of the subject information will include copies of the patient's request for amendment, and the denial letter, or an accurate summary of the request and denial, only if the patient has requested BBHHF to do so.

Amendments Made by Others

If another entity amends protected health information which it had previously sent to BBHHF, and informs BBHHF of the amendment, the subject information will be amended in all BBHHF designated record sets in which it is maintained.

Designation of Responsibility for Receiving and Processing Patient Requests for Amendment of PHI

The Privacy Official or Designee(s) is responsible for receiving and processing individual requests for amendment of PHI.

Effective Date: 4/4/16
Dates Revised:

Victoria L. Jones, Commissioner, Bureau for Behavioral Health and Health Facilities

DATE:

TO: [Patient making request for amendment]
[Patient address]

FROM: [Privacy Official]

RE: **Denial of request for Correction or Amendment of Health Information**

Your request for correction or amendment of health information dated _____ has been denied for the following reason(s):

- ☐ The protected health information was not created by this organization
- ☐ The protected health information is not part of our designated record set
- ☐ You do not have a right of access to this protected health information
- ☐ The protected health information is accurate and complete

If you disagree with this denial, you have a right to submit a written statement of disagreement to:

[ENTITY]
[Privacy Official-NAME OR TITLE and OFFICE]
[ENTITY Address]
[ENTITY TELEPHONE NUMBER]

If you do not wish to submit a statement of disagreement, you may request, in writing that we provide your request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment to the individual listed above.

If you wish to file a complaint regarding this policy or procedure, you may file your complaint with the person listed above, or you may file a complaint directly with the Secretary of the U.S. Department of Health and Human Services, Region III – Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia) at the Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. The main line is (800) 368-1019, Fax: (215) 861-4431, and TDD: (800) 537-7697.

cc: File

Behavioral Health and Health Facilities (BHHF)

REQUEST FOR CORRECTION OR AMENDMENT OF HEALTH INFORMATION

Patient Name: _____

Patient Address: _____
Street Address

_____
City/State/Zip

Date of Birth: ____/____/____ SS#: ____/____/____

AMENDMENT IS REQUESTED FOR THE FOLLOWING:

Date of Entry: _____

Type of Entry: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate and complete?

_____

_____

_____

_____

_____

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? ☐ Yes ☐ No

If so, please specify the name and address of the organization or individual.

_____ _____
Name Address

_____ _____
Signature of Patient or Legal Representative Date

Healthcare Organization Use on reverse side of Request

REBUTTAL STATEMENT TO AN INDIVIDUAL'S STATEMENT OF DISAGREEMENT

DATE:

TO: [Individual who submitted statement of disagreement]
[Individual's address]

FROM: [Privacy Official]

RE: Rebuttal Statement

The Bureau for Behavioral Health and Health Facilities (BBHHF) disagrees with the statement of disagreement for the following reason(s):

cc: File