

Policy and Procedure on Patient's Right to Request Amendment to Health Information

Carolina Musculoskeletal Institute, PA

Date: April 14, 2003

Authority: Office Manager, Hope Greene

Responsibility: Medical Secretary

Purpose:

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to afford our patients the right to request amendment to their protected health information.

General Policy:

It is our policy to provide our patients the right to request amendment to their protected health information that we maintain in our designated record set, with exceptions permitted by law.

Definitions:

Amendment means to add information to an existing record which either provides additional information, clarifies or corrects existing information, or provides an alternative view with respect to information that we have compiled about the patient in the patient's designated record set.

Designated record set means medical records and billing records that we use to make health care and payment decisions about patients.

Procedure:

1. A patient who believes there is an error in information in the medical record or billing record may approach the author of the entry, point out the error, and request the author to correct it.

The author may accept any correction believed to be required, and will document the correction.

This documentation must retain the original entry, state the correct information, and reflect the author's identity and date of correction. In electronic information system, the correction should be made in accordance with the vendor's specification for correcting errors such that an audit trail exists to show both the original entry and the new entry. In paper documents, a correction may be made in one of two ways: If an entry is simply erroneous and needs to be deleted, a line may be drawn through the erroneous information, initialed, and dated. If an entry is erroneous and requires correction, the entry should be noted as erroneous and correct information written in a separate note, which must be signed and dated. The author should inquire of the patient if the correction of the error should be disclosed to anyone who may have received this information in the past. If so, the patient should be directed to complete the Form to Request Amendment to Health Information.

2. A patient may also request that information be added to the medical record or billing record.

This request must be made in writing, on our Form to Request Amendment to Health Information, to the Medical Secretary. This Form serves as both documentary evidence of the request and our response, as well as a tracking mechanism to ensure response within 60 days of request (with not more than one 30-day extension) and duty to supply others with the

information. This form will be processed in the following manner:

- a. Request the patient to complete the Form to Request Amendment to Health Information in triplicate. If this is not received in person, verify the patient's signature on the Form with a sample in the medical record. The patient should keep the last copy of the Form.
- b. Place the remaining two copies of the Form in the patient's medical record or billing record, whichever is the subject of the amendment. Route the record to the author of the record.
- c. If the author accepts the patient's amendment, the author will sign and date the Form as amendment accepted and make a note at the site in the record to which the amendment applies that an amendment exists. The author may also add a comment to the Form. The second copy of the Form will be returned to the patient indicating that the amendment has been accepted. The original copy of the Form will be used to furnish copies of the amendment to those individuals or organizations the patient deems necessary and documents on the Form. Such disclosures will be noted on the form as having been completed with the signature of the staff member who processed the disclosures. The original Form will be placed in the record.
- d. If the author rejects the patient's amendment, the author must indicate one of the following as reasons:
 - 1.) The information subject to amendment was not created by us.
 - 2.) The information subject to amendment is not part of the designated record set.
 - 3.) The information would not be available for access (see our policy on Patient's Right to Access Health Information).
 - 4.) The information contained in the existing record is accurate and complete.

The Form must be signed and dated, and the author must make a note at the site in the record to which the amendment applies that an amendment was requested. The second copy of the Form with this information will be returned to the patient. The original copy of the Form will be filed in the record. The patient may request that the request for amendment and the denial be disclosed with any future disclosures of the information that is the subject of the amendment.

- e. If this processing cannot occur within 60 days of receipt of the request, notify the patient in writing that a 30-day extension will be necessary to process the request.
- f. The patient may choose to submit a written statement disagreeing with the denial. This statement must be contained on not more than one handwritten or typewritten page of at least 10-point font. Any more information than this that is received will be discarded.

When this statement of disagreement is received, it should be forwarded to the author, who will determine whether a rebuttal will be prepared. The statement of disagreement and any rebuttal must also be filed in the record and accompany any future disclosures of the information that is the subject of the amendment.

3. If we are informed by another provider of an amendment to one of our patient's records, the Medical Secretary will review its contents and advise the physician who attended the patient as to any information which appears to require our action. We will place the amendment information in our designated record set.

State Law Information for Request Amendment to Health Information

Carolina Musculoskeletal Institute, PA

State: SC

Your state's laws regarding Protected Health Information must be considered along with the HIPAA Privacy Regulation when updating your organization's policies and procedures. We are providing the information below as a guide to what those other considerations may be. Consult your state's laws to make sure you are meeting all of the requirements.

Summary

South Carolina has a statute on the definition of Protected Health Information. There are no statutes affecting the amendment process, including exceptions, denials, and cost. Carefully read the state provision on Protected Health Information and incorporate into your policy.

Definitions

Protected Health Information

State law may have a different definition for PHI or may use a different term. If necessary, change the policy to incorporate the state definition.

Definition of Protected Health Information

Expected Impact [Low]

The federal access regulation applies to protected health information maintained in a designated record set. State law does not appear to include the designated record set limitation. The federal designated record set limitation does not appear to be applicable.

NOTE: Do not rely on the federal designated record set limitation.

State Law Citation

S.C. Code 44-115-30; 44-7-325

Highlight of State Provision

Under the Physicians' Patient Records Act, a patient has a right to receive a copy of his medical record, or have the record transferred to another physician, upon request, when accompanied by a written authorization from the patient or his representative to release the record.

Procedure

The HIPAA Privacy Regulation requires that your organization have a process for

handling patient's request to amend their PHI. State law may have different provisions on the way this request can be handled, including the procedure and notification for denying or accepting a request, time, and cost. Incorporate the state law as necessary.

We have not discovered any relevant state statutes for this section.