



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY	
Amending the Contents of a Patient's Record		HIM-040	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Health Information Management	4/17	8/17, 5/18, 11/18, 1/20, 12/20	
DEPARTMENT	REFERENCE		
Health Information Management			

PURPOSE

To define the process for responding to patient requests for amendments.

DEFINITIONS

Protected Health Information (“PHI”) - Individually, identifiable health information that is transmitted or maintained in any form (electronic, paper, verbal), which is protected under federal regulations, such as patient name, demographic information, medical record documentation radiological images, photographs, etc.

POLICY

Mangum Regional Medical Center recognizes the patient's right to request an amendment of protected health information. The patient may seek changes in the medical record, and the provider, under HIPAA rules, has the countervailing right to accept, deny, or otherwise limit those changes. Accepted amendments will be in the form of supplements to the record that will supersede the original material. Original information will not be removed, altered or expunged from the record.

PROCEDURE:

A. Qualified Requestors for Amending the Record

1. Patient
2. Patient's legal guardian
3. Patient's legal personal representative
4. Patient's power of attorney (“POA”)

B. Acting on the Request

1. The Hospital HIM Manager shall act upon a request in any form, except email.
 - a. The Hospital may request that the request be written on the Hospital Request for Amendment Form (Attachment A), but shall not require the request to be on the Hospital form.
2. Requirements

- a. Whether the patient uses the Hospital form or writes their own request, the following shall be included:
 - i. Provision of a reason to support the request, and
 - ii. A copy of the documentation in question is to be attached with the specific area underlined or highlighted.
- 3. Written Request by patient
 - a. The HIM Manager shall attach the patient's request to the Request for Amendment form
 - b. The HIM Manager shall complete the demographic information on the form, and write across the patient section "amendment request attached".
- 4. Written Request on Hospital form
 - a. Provide a copy of the form to the patient
 - b. Ensure a copy of the documentation in question is attached with the specific area marked.

C. Forwarding the Request to the Physician

- 1. Upon receipt and review of the amendment the HIM Manager shall review to ensure there are no denials such as demographic corrections or name changes (amendment request not required for these purposes) under their review.
- 2. The HIM Manager shall send a letter to the physician explaining the patient has requested an amendment. The letter will specify a response due within two weeks from receipt.
- 3. A copy of the amendment request shall be made and included with the letter.

D. Denial of Request

- 1. The HIM Manager shall deny the request if:
 - a. The information was not created by the Hospital.
 - b. Is not allowed to be disclosed per HIPAA regulations or state statutes.
 - c. Is not part a of the patient's medical record.
 - d. Is already accurate and complete.
- 2. When the document author denies the request:
 - 1) The HIM Manager shall prepare and mail the Denial Letter (Attachment B) to send to the patient no later than sixty (60) days after receipt of request, which will include:
 - a. The reason for the denial
 - b. The right of the patient or the patient's personal representative to file a written statement of disagreement with the denial,
 - c. The right of the patient or the patient's personal representative to have the request for amendment, the denial, and (if submitted) the patient's written statement of disagreement attached to all future disclosures of the PHI, and
 - d. The right of the patient to a file a complaint with the Hospital and HHS, including instructions on how to file the complaint.
- 3. **For partial denials:**
 - a. The HIM Manager shall prepare and mail a cover letter (Attachment B) to send to the patient no later than 60 days after receipt of request, which will include:
 - i. Explanation of what portion of the amendment will be granted and what portion will be denied
 - ii. The right of the patient or the patient's personal representative to file a written statement of disagreement with the partial denial,

- iii. The right of the patient or the patient's personal representative to have the request for amendment, the partial denial, and (if submitted) the patient's written statement of disagreement attached to all future disclosures of the PHI, and
 - iv. The right of the patient to a file a complaint with the Hospital and HHS, including instructions on how to file the complaint.
4. If a request for amendment is denied and the requestor files a written statement of disagreement:
 - a. the Hospital may choose to provide a written rebuttal to the patient. Both the patient's statement of disagreement and the Hospital's rebuttal (if appropriate) will be placed behind the request for amendment and remain a part of the medical record. The statement of disagreement and rebuttal shall be placed in the medical record within thirty (30) days. Additionally, these documents shall be released as part of the patient's PHI.

E. Approval of Request

1. The physician may document an amendment by several methods as follows:
 - a. Using the patient's account number and the document type an amendment may be dictated with the correction.
 - b. If documented electronically, the provider may add an addendum to the document electronically.
 - c. If the documentation was on paper, the provider may come to the HIM department to enter his/her correction on the original document.
2. The HIM Manager shall make an entry regarding the amendment and link all related documents, including the correction to the document that is being amended, in the patient's health record.
3. The HIM Manager shall send the Approval Letter (Attachment C) with a copy of the correction no later than sixty (60) days after receiving the request to the patient or qualified requestor.
4. The HIM Manager will disclose the amendment to any entities requested by the patient, as well as to any Business Associates that received the information.
5. If the physician doesn't respond by thirty (30) days after receipt of request, the HIM Manager shall call the physician and explain the deadline and request a response.
6. The HIM Manager, on behalf of the provider, will make reasonable efforts to inform persons identified by the provider and the patient as having received original information.
7. The HIM will note on the form all parties notified of the amendment, and will replace the copy with the original, completed form in the patient's medical record.
8. Future releases of the amended documents will include a copy of the amendment request and the amendment.

F. Physician Response

1. The physician shall utilize the physician portion of the form to respond by:
 - a. Checking the not approved box and documenting the reason on the form and documenting the reason for the denial on the request form.
 - b. Checking the approval box. Providing the form and amendment to the HIM Manager.

G. Timeliness

1. A response will be sent to the patient no later than sixty (60) days after the receipt of the request.

2. If the covered entity is unable to act in the time frame required, the covered entity may extend the time frame no more than thirty (30) days, provided that written statement is provided to the patient within the sixty (60) days providing a reason for the delay and the date by which it will be completed. The covered entity may only have one such extension. This should only be used in rare cases and shall be approved by the corporate Privacy Officer in advance.

H. Exceptions

1. A correction to demographic information that was made in error (such as, a misspelled name, wrong insurance group number, incorrect birth date) does not require the entire amendment process as described above. Information entered in error during registration requires only proof from the patient of the correct information in order to make the necessary changes in the patient financial system.
2. Changes to the patient's name, address, date of birth, social security number, or insurance information can be changed at any time with proof from the patient of the correct information. The business office will be notified of these types of changes immediately to ensure accuracy in the billing processes. The business office will make the necessary changes in the patient financial system.
3. Errors in charting identified by the author will be corrected in the body of previously charted text by using the single line, initials and current date with re-charting of corrected information on the last page after the last person documented of the page using "Late Entry". Errors in charting identified by the author will be corrected in the source system, if functionality is available. If functionality does not exist, the above proper process will be utilized, as well as any other system in which the information is maintained. In the EMR, the correction may be made by an addendum correctly dated and timed.
4. The addition of information not documented at the time of the encounter shall be documented in a similar manner by the health care professional. "Late Entry", the current date and the information shall be documented after the last person documented of the last page of documentation (i.e., last page of nursing notes, progress notes, etc.). For the electronic health record, the amendment shall be documented in the source system as a correction to the original, if functionality is available; otherwise the above proper process will be utilized.

ATTACHMENTS

Attachment A - Amendment Request Form (HIM-040A)

Attachment B - Denial Letter (HIM-040B)

Attachment C - Approval Letter (HIM-040C)

REFERENCES

45 CFR Part 164, Subpart E, §164.524

45 CFR Part 164, Subpart E, §164.526

45 CFR Part 164, Subpart E, §164.530

REVISIONS/UPDATES

Date	Brief Description of Revision/Change
11/26/18	Change in Header, Font and Policy Number
1/28/20	No updates.
12/1/20	Change in Header, Font, and Spacing. Apply acronym. Add verbiage. Remove individual page header. Add “Attachments” section and list attachments. Add “References” section and move references from first page to correct section. Move policy from HIPAA Manual to HIM Manual. Change policy number from HIP-015 to HIM-040.