

Alaska Native Medical Center**Health Information Services (HIS)
Release of Information (ROI)****Amendment to Health Record Procedure #904****1. Purpose:**

To provide a method for patients to exercise their rights to request an amendment of their Protected Health Information (PHI) Alaska Native Medical Center (ANMC) will amend or correct incomplete or incorrect PHI, as requested by the patient, or when permissible, the patient's legally designated or personal representative for as long as that PHI is maintained in the Designated Record Set, subject to exceptions recognized by law.

2. Scope:

All organizational components of the ANMC accredited campus defined as its staff, residents, interns, students, volunteers and contractors.

3. Definition:

- 3.1. **Designated Record Set** - record or group of records maintained by or for ANMC that includes: the health records and billing records about patients maintained by or for ANMC; and information used, in whole or in part, by or for ANMC to make decisions about patients.
- 3.2. **Legally Designated or Personal Representatives** - A person legally authorized to make healthcare decisions or act on the patient's behalf.
- 3.3. **Non-allowable amendments** – Certain circumstances warrant that the patient is not permitted to inspect or obtain copies of their individual PHI.
- 3.4. **Protected Health Information** - means individually identifiable health information, including demographic information, in any medium including oral, paper, or electronic, collected from an individual that:
 - 3.4.1. is created or received by a health care provider, health plan, employer, or health care clearinghouse;
 - 3.4.2. relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and

- 3.4.3. identifies the individual or could reasonably be used to identify the individual. PHI does not include education records covered by federal law or employment records held by a covered entity in its role as employer.

4. **Procedure:**

- 4.1. Patients or, when permissible, the patients' legally designated or personal representative have a right to request that ANMC correct or amend incorrect or incomplete PHI in their Designated Record Set for as long as the information is maintained in ANMC's Designated Record Set.
 - 4.1.1. Patients should be directed to Health Information Services to complete a Request for Amendment form, which will be processed by Health Information Services. (See Attachment 1: Request for Amendment form).
- 4.2. Verification of Identity and Authority of Requestor
 - 4.2.1. Upon receiving the request, ANMC will verify the identity and authority of the requestor. If the requestor is not the patient, ANMC will determine whether the requestor has appropriate proof and documentation demonstrating the requestor's authority to act as the legally designated or personal representative of the patient.
 - 4.2.2. If the requestor provides appropriate proof and documentation showing status as the legally designated or personal representative, ANMC as a final step before considering the amendment request, will determine whether to treat the requestor as the legally designated or personal representative of the patient. ANMC may not treat the requestor as the legally designated or personal representative of the patient if:
 - 4.2.2.1. ANMC has a reasonable belief that the patient has been or may be subject to domestic violence, abuse, or neglect by the requestor.
 - 4.2.2.2. If treating the requestor as the legally designated or personal representative of the patient could endanger the patient.
 - 4.2.2.3. ANMC, in the exercise of professional judgment, decides that it is not in the best interest of the patient to treat the requestor as the legally designated or personal representative.
 - 4.2.2.4. ANMC may reconsider its decision if provided with sufficient evidence to the contrary.

- 4.3. ANMC will respond to a request for an amendment (see attachment 2: Response to Request for Amendment to Protected Health Information) no later than 60 days after receipt of the request as follows:
 - 4.3.1. ANMC will grant the requested amendment; or
 - 4.3.2. ANMC will deny the requested amendment; or
 - 4.3.3. If ANMC is unable to address the amendment within 60 days, ANMC may extend the time for responding to the request by no more than 30 days, provided that:
 - 4.3.3.1. Within the 60 day time period ANMC provides a written statement to the patient explaining the reasons for delay, and
 - 4.3.3.2. Only one such 30-day extension is available.
- 4.4. ANMC may grant the request for the amendment and shall take the following actions:
 - 4.4.1. Inform the patient that the patient's request has been granted.
 - 4.4.2. Make the appropriate amendment.
 - 4.4.3. Identify the PHI in the Designated Record Set that is affected by the amendment and append or otherwise provide a link to the location of the amendment.
 - 4.4.4. Send the amendment to the entities identified by the patient, as well as those that are known by ANMC as having received PHI that is the subject matter of the amendment and that may have relied, or could foreseeably rely, on the PHI to the detriment of the patient.
- 4.5. ANMC may deny a request for amendment if the PHI that is the subject of the request:
 - 4.5.1. Is not part of the Designated Record Set;
 - 4.5.2. Is not available to the patient or the patient's legally designated or personal representative pursuant to the Access by Patients to their Health Information;
 - 4.5.3. Is accurate and complete; or
 - 4.5.4. Was not created by ANMC (unless the patient or, when permissible, the patient's legally designated or personal representative provides a

reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment).

- 4.6. If ANMC denies the request, in whole or in part, ANMC will provide the patient or, when appropriate, the patient's legally designated or personal representative, with a written denial in plain language (see attachment 2: Response to Request for Amendment to Protected Health Information). The denial must contain the following information:
 - 4.6.1. The reason for the denial;
 - 4.6.2. The patient's right to submit a written statement disagreeing with the denial and how the patient may file such a statement;
 - 4.6.3. A statement that, if the patient does not submit a Statement of Disagreement (see attachment 3), the patient may request that ANMC provide the request for amendment and ANMC's denial with any future disclosures; and
 - 4.6.4. A description of how the patient may complain to ANMC's Privacy Officer or the Secretary of the Department of Health and Human Services.
- 4.7. If ANMC denies a request for amendment, then ANMC shall permit the patient or, when appropriate, the patient's legally designated or personal representative to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. ANMC may reasonably limit the length of the statement.
- 4.8. ANMC may prepare a written rebuttal to any statement of disagreement as long as ANMC provides a copy of the rebuttal to the patient or, when appropriate, the patient's legally designated or personal representative who submitted a statement of disagreement.
- 4.9. ANMC will identify the PHI that is subject to the amendment and append or link the patient's request for amendment, ANMC's denial of the request, if any, the statement of disagreement, if any, and ANMC's rebuttal, if any, to the Designated Record Set. All of the additional information is added as an addendum, and the existing PHI will not be deleted.
- 4.10. **Future Disclosures**
 - 4.10.1. If the patient or the patient's legally designated or personal representative submitted a statement of disagreement, ANMC must disclose that information with any subsequent disclosure of PHI related to the disagreement, or an accurate summary, along with the following material

appended to the patient's records: patient's request for amendment, ANMC's denial of the request, and ANMC's rebuttal, if any.

4.10.2. If the patient or the patient's legally designated or personal representative did not submit a statement of disagreement, ANMC must include the patient's request for amendment and its denial in any future disclosures only if the patient has previously requested such action.

4.11. Receipt of Notice of Amendment. When ANMC is notified of an amendment by another covered entity, ANMC will amend the PHI in its own Designated Record Set

4.12. ANMC will document the titles of the persons or offices responsible for receiving and processing requests for amendments by patients and retain the documentation in the patient's health record for as long as the original records are retained.

References:

1. 45 CFR § 164.526
2. Hughes, G. (2002). Practice Brief: Patient Access and Amendment to Health Records (Updated) *American Health Information Management Association*.

Attachments:

1. Request for Correction/Amendment of Health Information
2. Response to Request for Amendment to Protected Health Information
3. Statement of Disagreement

Responsibility	Release of Information Supervisor
Written	6/2007
Approval	Director of Health Information Services
Date approved	9/25/07
Date last reviewed	9/25/07
Date last revised	9/25/07
Supersede	N/A

Kathy Kunemund, HIS Director

Date

Attachment 1**ALASKA NATIVE MEDICAL CENTER****REQUEST FOR AMENDMENT TO PROTECTED HEALTH INFORMATION**

Patient Name	Date of Birth	Patient Record Number
Patient Address	City, State, Zip	Telephone # Alternate #
Date of Entry to Be Corrected/Amended	Type of Entry to be Amended	
Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?		
Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.		
Name	Address	
Name	Address	
Name	Address	
Signature of Patient or Legal/Personal Representative		Date

For Organization Use Only:

Date Received	Amendment has been <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Name and Title of Staff member processing request	Signature of Healthcare Practitioner (if denied)/Date

Attachment 2

Alaska Native Medical Center
RESPONSE TO REQUEST FOR AMENDMENT TO PROTECTED HEALTH
INFORMATION

Dear _____:

We have received your request to correct or amend your health information dated _____.

- ☐ In response to your request, a correction/addendum will be made part of your permanent record and the proper persons will be notified of the changes.
- ☐ We need more time to respond to your request and will send you a response by _____.
- ☐ We will grant your request in its entirety.
- ☐ We will grant your request, in part, and make the following changes:

- ☐ We will not make the change you requested. Your request has been made a part of your permanent record; however, your request has been denied for the following reason(s):
 - ☐ The requests do not involve your medical records, billing records or other records that we use to make decisions about you.
 - ☐ The requests involve records that you do not have the right to access.
 - ☐ We did not create the information (unless the person or entity that created the information is unable to act on your request).
 - ☐ The information is already accurate and complete.
 - ☐ Other: _____

If we denied your request in whole or in part, you may request that we include with all future disclosures of the contested information either your "Statement of Disagreement" or a copy of your request for amendment and our denial.

You may submit a "Statement of Disagreement" or request inclusion of your request for amendment with future disclosures by filling out the attached form and returning it to Alaska Native Medical Center, Release of Information in person or by mail in the enclosed self addressed envelope.

Sincerely,

Health Information Services Representative

Date

NOTE: If you think your rights have been violated, you may file a complaint. Complaints may be submitted to ANTHC Privacy Officer, Alaska Native Medical Center, 4315 Diplomacy Drive, Anchorage, AK 99508 (907) 729 - 1992 or to the Secretary of the Department of Health and Human Services at <http://www.os.dhhs.gov/ocr/privacy/hipaa/complaints/index.html>. Where you may access guidance on how to file your complaint with Department of Health and Human Services, Office of Civil Rights. You will not be retaliated against for filing a complaint.

Attachment 3

Alaska Native Medical Center

STATEMENT OF DISAGREEMENT

I understand that my request for amendment of my Protected Health Information dated _____ was denied.

- ☐ I want a copy of my request for amendment and your denial to be included with all future disclosures of the contested Protected Health Information.
- ☐ I want the following statement of disagreement, along with your denial of my request, to be included with all future disclosures of the contested Protected Health Information.

STATEMENT OF DISAGREEMENT:

I understand that you may distribute a rebuttal to this Statement of Disagreement, and that if you write a rebuttal you will send me a copy.

Signed:

Signature of Patient or Legal/Personal Representative

Date

Authority/Relationship to Patient: _____
(If signed by Legal/Personal Representative)