

NAME OF HOSPITAL

HIPAA REGULATION	INDIVIDUAL RIGHTS	REFERENCE: 5.5
SUBJECT:	RIGHT TO REQUEST AMENDMENT OR CORRECTION OF PHI	EFFECTIVE: 00/00/2003
DEPARTMENT:	HOSPITAL WIDE	
APPROVED BY:		REVISED:

To comply with our obligations under the privacy standards _____ has adopted a policy on individuals right to request amendment or correction to PHI contained in his or her designated record set.

**POLICY: INDIVIDUALS HAVE A RIGHT TO REQUEST AMENDMENTS OR
CORRECTION TO THEIR PHI MAINTAINED AT _____.**

The individuals will be notified in advance that a written request is needed to amend or correct PHI.

All requests will be handled in a timely manner.

If the corrections and amendments are accepted the amendment will be made by identifying the records affected.

The individual will be informed in a timely manner that the amendment is accepted and obtain approval to notify the relevant persons of the amendment.

If the request is denied. The written denial will state in plain language the basis for the denial the individual's right to submit a written statement disagreeing with the denial and how the individual can file such a statement

Please contact the person listed below with questions on this policy, location of forms and/or to report violations.

Name:
Phone number:
Address:
Fax:

NAME OF HOSPITAL

HIPAA REGULATION	INDIVIDUAL RIGHTS	REFERENCE: 5.5
SUBJECT:	RIGHT TO REQUEST AMENDMENT OR CORRECTION OF PHI	EFFECTIVE: 00/00/2003
DEPARTMENT:	HOSPITAL WIDE	
APPROVED BY:		REVISED:

To comply with our obligations under the privacy standards _____ has adopted the following procedure to protect individuals right to request amendment or correction to PHI contained in his or her designated record set.

PROCEDURE: ON INDIVIDUALS RIGHT TO REQUEST AMENDMENTS OR CORRECTION TO THEIR PHI MAINTAINED AT _____.

- The Notice of Privacy Practices will inform the individual that a request to amend or correct their PHI need to be made in writing preferably using the “Request to Amend Protected Health Information” form.
- The organization asks the patient to put the request in writing and include the reasons why the patient wants changes made to the information.
- Action will be taken within 60 days on the request to make changes to the information. If unable to act within 60 days, the period will be extended once for an additional period of 30 days. The patient will be informed in writing the need for and the reasons for an additional 30 days and the expected date the decision about the request will be made.

In response to this request to make changes to the healthcare information, the organization:

- Can deny the request if the information the patient wants changed was not created by the organization.
- Can deny the request if the individual who created the information that the patient wants changed is no longer an employee of the organization.
- Can deny the request if the information the patient wants changed has nothing to do with the current hospitalization.
- Can deny the request if the information in the record is currently accurate and complete.

If the organization denies to make changes to the information, the organization shall do the following:

- The “Letter of Denial of Request to Amend Protected Health Information” will be sent to the patient
- The denial letter outlines the steps the patient can take to challenge the organization’s decision.
- The denial letter informs the patient that if he does not argue the organization’s decision, the patient may request the organization to comply with the patient’s request for changes and the denial with any future releases of the disputed healthcare information.
- The letter will explain how the patient can file a formal complaint to the organization with all required contact information.

The letter will also inform the patient That the patient can send the organization a written statement disagreeing with the denial of all or part of the requested information changes with the reason for the changes. The organization can limit the length of this statement.

_____ will:

- ◆ Prepare a written rebuttal to the patient’s statement of disagreement and provide a copy to the patient.
 - ◆ Identify the information that the patient wanted changed and attach the patient’s request for changes, the organization’s denial of the request, the patient’s statement of disagreement and the organization’s written rebuttal.
 - ◆ Include a patient’s request for changes and the denial to make these changes with any future releases of the information if the patient has not submitted a written statement of disagreement.
- If the organization honors the request for changes.
 - The organization will make the changes. The minimum amount of changes accepted is identifying the information to be changed and then providing a link to the corrected information.
 - Will inform the patient that the changes have been made.
 - Obtain from the patient the names of individuals who need to have the changed information.
 - Attempt to reach those individuals who need to have the changed information.
 - Attempt to contact other persons or business associates regarding the changed information if the information was detrimental to the patient.

Document the titles and names of the employees responsible for receiving and processing the request for changes and the changes made.

Documentation will be maintained for a period of six (6) years.

Please contact the person listed below with questions on this policy, location of forms and/or to report violations.

Name:

Phone number:

Address:

Fax: