MOREHOUSE MEDICAL ASSOCIATES

POLICY: REQUESTS FOR AMENDMENT TO PROTECTED HEALTH INFORMATION (PHI)

SUBJECT: HEALTH INFORMATION MANAGEMENT

POLICY #: 0016

EFFECTIVE DATE: April 14, 2003

PURPOSE:

To establish Morehouse Medical Associates (MMA) guidelines that ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This policy addresses patients' right to request an amendment or correction to their protected health information.

ACCOUNTABILITY:

The Medical Director shall ensure compliance with this policy. The Health Information Management Supervisor shall implement this policy.

DEFINITIONS:

Designated Record Set - a group of records made up of information utilized and maintained for the purpose of making decisions about an individual's healthcare. This includes medical and/or billing records.

Protected Health Information (PHI) - includes all individually identifiable health information transmitted or maintained regardless of form.

POLICY:

1. It is the policy of Morehouse Medical Associates (MMA) and its practice sites to honor a patient's right to request an amendment or correction to his/her health information, when the patient believes the medical record information is incomplete or inaccurate.

2. Requestors for amendment must give acceptable reason to support such a request. When granted, the amendment or correction becomes a permanent part of the medical record.

3. MMA will respond to requests for amendment to PHI for as long as that information is maintained in the organizations' designated record set.

4. A request for amendment of protected health information shall be made by the patient, in writing, and clearly identify the information to be amended, as well as the reason for the amendment.

5. MMA's Notice of Privacy Practices informs individuals in advance of requirements for requesting amendments.

6. To ensure accurate and complete collection of information from the patient, a **Request for Amendment / Correction to Health Information** form (Exhibit I) must be completed.

PROCEDURES:

1. The Health Information Management Supervisor will be responsible for receiving, processing, and responding to requests for amendments to protected health information.

2. The Health Information Management Supervisor will consult with the physician of record to determine the accuracy and completeness of the information identified for amendment.

3. Requests may be denied if the PHI requested:

   a. Was not created by Morehouse Medical Associates
   b. Is not a part of the designated record set
   c. Is exempted from the right of access rule
   d. Is accurate and complete

4. Health Information Management will inform the individual no later than sixty (60) days after receipt of such a request, if the amendment is accepted. A one-time extension of thirty (30) days is allowed for processing the amendment if the individual is given a written statement of the reason for the delay and the date by which the amendment will be processed.

A. **Amendment Request (Granted)**

1. If the request is **granted**, after review and approval by the responsible individual, the Health Information Management Supervisor will:

   a) Arrange to have the appropriate health care provider make the amendment.

   b) Insert the amendment, or provide a link to the amendment at the site of the information that is the subject of the request.

   c) Inform the individual that the amendment is accepted. Notify relevant persons in the organization (including business associates) with whom the information should be shared.

   d) Make reasonable efforts to inform and provide the amendment to persons identified by the individual as needing the updated information.

B. **Amendment Request (Denied)**

1. If the request is **denied**, MMA must provide the patient with a timely, written denial in plain language, that contains:

   a) The basis for the denial
   b) The patient's right to submit a written statement disagreeing with the denial and how the individual may file such statement
   c) A statement that if the patient does not submit a statement of disagreement, the patient may request that MMA provide the individual's request for amendment and the denial with any future disclosures of the protected health information that was queried
   d) A description of how the patient may complain to MMA Administration or the Secretary of Health and Human Services
   e) The name, title and telephone number of the designated contact person who handles privacy complaints for MMA

2. MMA will allow the patient ten (10) working days to submit a written statement, disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement.

3. The designated MMA staff member will prepare a written rebuttal to the individual's statement of disagreement within ten (10) working days.

4. The Medical Director will review the individual's statement of disagreement and MMA's staff rebuttal before the latter is released. A copy of the rebuttal will then be given to the individual.

5. The Health Information Management Supervisor will append or link the following to the designated record set or protected health information that is the subject of the disputed amendment:

   a) The individual's request for an amendment
   b) The denial of the request
   c) The individual's statement of disagreement, if any
   d) MMA's rebuttal, if any

6. Any subsequent disclosures of the protected health information to which an individual's written disagreement relates will include the material appended as described above.

7. If the individual has not submitted a written statement of disagreement, the Health Information Management staff will include the individual's request for amendment and denial with any subsequent disclosure of the protected health information, only if the individual has requested such action.

C. **Amendments from Other Covered Entities**

1. When MMA receives notification from another health care provider that a patient's protected health information has been amended, the Supervisor of Health Information Management will:

   a) Ensure that the amendment is appended to the patient's health record (paper and electronic)
   b) Inform its business associates that may use or rely on that patient's protected health information to make necessary revisions, based on the amendment.

D. **Monitoring Process**

1. The Health Information Management Supervisor will track all requests for amendment of protected health information to ensure that the process is followed and issues are addressed within the established timeframes.

2. The Quality Improvement Committee will monitor this process and share reports with the Compliance Office.

EXHIBIT (S):

I. Request for Amendment/Correction of Health Information
II. Written Response to Request for Amendment/Correction of Health Information

By Direction of the Dean: _____

Medical Director

Exhibit I

MOREHOUSE MEDICAL ASSOCIATES
REQUEST FOR AMENDMENT/CORRECTION OF HEALTH INFORMATION

Patient Name :		**Request Date:**	
Street Address:		**Birth Date:**	
City/State/Zip:		**Social Security #:**	
Phone #:		**MR/Account #:**	

WHAT NEEDS TO BE AMENDED /CORRECTED & WHY

Entry To be Amended:	
Date & Type of Entry:	

Please explain how the information is incorrect or incomplete. What should the information state to be more accurate or complete?

Would you like this amendment sent to anyone to whom we may have disclosed this information in the past? If so, please specify the name and address of the organization or individual.

I understand that MMA may or may not supplement the medical record with an addendum based on my request, and under no circumstances, is able to alter the original medical record. In any event, this request for an amendment will be made part of my permanent medical record.

_____ _____
Signature of Patient/Legal Representative Date / Initiation of Request

FOR MMA / INTERNAL USE ONLY

Date Received:	❑ **Accepted**	❑ **Denied**

If Denied, check reason for Denial:

- ❑ PHI was not created by this organization
- ❑ PHI is not available to the patient for inspection as required by Federal Law
- ❑ PHI is not part of patient's designated record set
- ❑ PHI is accurate and complete

Comments:

❑ **Individual was informed of denial in writing (**attach letter of communication)

_____ _____
Signature / Title of Staff Member Date

❑ **Individual has requested amendment /denial be included with any future disclosures of PHI** *(must be requested in writing and attached to this document.)*

_____ _____
Signature / Title of Staff Member Date

Exhibit II

DATE:

TO:

RE: Request For Amendment/Correction of Protected Health Information
Patient Name_____
Date of Birth_____
Date of Request: _____

- ❑ **Your request is granted**
  The responsible health care provider will make the amendment, which will be inserted with the rest of your protected health information. We will make a reasonable effort to inform all persons you identified to receive this updated information.

- ❑ **Your request is under consideration. We need an additional thirty (30) days to review the matter.** (Include reason for delay and the date by which the request will be processed)

- ❑ **Your request is denied**
  (A customized explanation, indicating basis for the denial will follow)

  Please be reminded that you can submit a written statement disagreeing with the denial. You should forward this statement to:
  Medical Director
  Morehouse Medical Associates, Inc.,
  75 Piedmont Ave
  Atlanta, Georgia 30303
  (4504) 756-1409

  Morehouse Medical Associates will review your statement, make the necessary investigations, and then make a response to you in writing.

  You also have the right to file a written complaint to the Secretary, Department of Health and Human Services:
  Office of the Secretary
  Department of Health and Human Services
  Region IV
  Atlanta Federal Center
  61 Forsyth St. S.W. Suite 5B-95
  Atlanta, Georgia 30303-8909

  We will permanently file in your medical records your request for an amendment, the denial of the request, your statement of disagreement and our rebuttal. Any subsequent disclosures of your protected health information will include these documents.

  We will provide your request for amendment, and our denial to all persons you identified, also with any future disclosures of your protected health information

Sincerely,
Medical Director