

SUBJECT: PATIENT RIGHT TO AMEND HEALTH INFORMATION PROCEDURE	PROCEDURE #1008-02 POLICY #1008
ORGANIZATION-WIDE PROCEDURE	PAGE: 1 OF: 6
APPROVED BY: EXECUTIVE MANAGEMENT TEAM	EFFECTIVE: 8/27/2018
PROCEDURE OWNER: HEALTH INFORMATION SERVICES DIRECTOR AND ETHICS & COMPLIANCE SERVICES	LAST REVIEWED: 9/19/2022

1. Purpose:

To honor a patient’s right to request an amendment or correction to their protected health information (PHI) if they feel the information is incomplete or inaccurate, in accordance with the Privacy Rule at 45 CFR §164.526.

2. Scope:

- 2.1. The Alaska Native Medical Center (ANMC) accredited campus and its staff, which includes employees, residents, non-physician interns, students, volunteers, and contractors.
- 2.2. This policy applies to PHI which is subject to 42 C.F.R. Part 2 to the same extent as other types of PHI, meaning that patients exercise the same rights described in this policy over their Part 2 information as they do over their PHI which is subject only to Health Insurance Portability and Accountability Act (HIPAA).

3. Procedure:

3.1. Requests.

- 3.1.1. Patients are informed of the right to request amendments in the *Notice of Privacy Practices Procedure #1000-10*.
- 3.1.2. Requests for amendments are managed by the Health Information Management (HIM) Department. Members of the workforce should direct requests to HIM.
- 3.1.3. ANMC patients may request an amendment in writing. Staff may direct the patient to the “ANMC Request for Amendment” form, which is available on the ANMC intranet and in the document library.
 - 3.1.3.1. If a patient indicates that they would like to make an oral request for an amendment, HIM staff will assist the patient to complete the appropriate documentation.
 - 3.1.3.1.1 HIM staff will follow internal policies for oral requests.

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3.1.3.2. The patient’s request must clearly identify the information to be amended and the reasons for the amendment.

3.1.4. ANMC must fulfill the request within 60 days of receipt. This response period may be extended once, for up to 30 days, if the requestor is given a written statement of the reason for the delay and the date by which the request will be processed.

3.1.5. HIM will notify the applicable Privacy Officer of all requests for amendments.

3.2. Review of Requests.

3.2.1. HIM Review. HIM reviews each request to verify: (a) whether the requested PHI is part of a designated record set maintained by ANMC and (b) the requestor’s identity and authority in accordance with the *Verification of Individual’s Identity and Authority to Access Health Information Procedure #1001-02*. HIM may deny a request if the information:

3.2.1.1. was not created by ANMC;

3.2.1.1.1 if the requestor can provide reasonable proof the person or entity creating the information is no longer available, the amendment may be considered by ANMC;

3.2.1.2. is not part of the designated record set maintained by ANMC; or

3.2.1.3. is not information the requestor is permitted to inspect and copy.

3.2.1.4. Where HIM determines a request must be denied, HIM must complete a “Notice of Denial of Requested Amendment” letter. See Section 3.4. (Form attached).

3.2.2. Provider Review. If a request is not denied by HIM, HIM will notify the provider(s) who created the record(s) of the request. If the creating provider is not available, an alternative provider may conduct the review. The provider’s review must determine either:



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- 3.2.2.1. the requested amendment should be accepted, in which case the provider must notify HIM of the scope of the amendment and work with HIM to amend any relevant records; or
- 3.2.2.2. the record is accurate and complete as written, so the requested amendment should be denied. In this case, the provider must complete a “Notice of Denial of Requested Amendment” letter. See Section 3.4.

3.3. Granting Requests. If a request is granted by a provider:

- 3.3.1. HIM will notify the patient the request was granted;
- 3.3.2. the patient’s provider will insert the amendment or addendum into the patient’s record; and
- 3.3.3. HIM will make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - 3.3.3.1. persons or entities identified by the patient as having received PHI about the patient and will need the amendment; and
 - 3.3.3.2. persons/entities, including business associates, that ANMC knows have the relevant PHI and may have relied on, or could foreseeably rely on, the original, unmodified information to the detriment of the patient.

3.4. Denied Requests. If a request is denied, ANTHC Ethics & Compliance Services or Southcentral Foundation Compliance Department will send the patient a timely “Notice of Denial of Requested Amendment” letter (form attached) stating in plain language:

- 3.4.1. the basis for the denial;
- 3.4.2. the individual’s right to submit a written statement disagreeing with the denial and how the individual may file such a statement;



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- 3.4.3. a statement that if the individual does not submit a statement of disagreement, the individual may request ANMC provide the individual’s request for amendment and the denial with any future disclosures of the PHI that was the subject of the request;
- 3.4.4. a description of how the individual may file a complaint with ANMC, the Secretary of the Department of Health and Human Services (HHS), and/or the Office of Civil Rights (OCR); and
- 3.4.5. the name or title, and the telephone number of the appropriate Privacy Officer.
- 3.5. Statement of Disagreement. For any request denied, in whole or in part, a patient has a right to submit a written statement of disagreement that includes the basis of such disagreement. ANMC may reasonably limit the length of the statement. The Privacy Officer is responsible for reviewing statements of disagreement to determine whether to:
 - 3.5.1. prepare a written rebuttal to the statement of disagreement and provide a copy to the patient; and/or
 - 3.5.2. arrange for review of the request by an uninvolved third party, which is defined as an individual who has not been involved in the original review of the request.
 - 3.5.2.1. This individual should be in a leadership position from a department such as Risk Management, Medical Staff Leadership, Administration, or other appropriate management staff.
- 3.6. Future Disclosures Following a Disagreement: When ANMC discloses any of the patient’s PHI following a disagreement, ANMC must include any appended material that may relate to the disclosed information.
 - 3.6.1. ANMC must include:
 - 3.6.1.1. any written statement of disagreement that the patient has submitted; or

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3.6.1.2. if the patient requests, the patient’s request for amendment and its denial if they have not submitted a statement of disagreement according to 3.4.3, above.

3.6.2. ANMC may elect to append an accurate summary of either 3.6.1.1 or 3.6.1.2.

3.6.3. If a future transaction does not permit ANMC to include the appended material as part of the disclosure, ANMC must separately transmit the appended material.

3.7. Amendments from Other Covered Entities.

3.7.1. When ANMC receives notice of amendment from another covered entity, HIM will ensure the amendment is appended to the patient’s record and will notify business associates they may use or rely on the record, as agreed to in the business associate contract, so that they may make the necessary revisions based on the amendment.

3.8. Documentation.

3.8.1. Denials. For any denied request, ANMC must, as appropriate, identify relevant records and append or otherwise link in the designated record set to the request, notice of denial, statement of disagreement, if any, and rebuttal, if any.

3.8.2. Correspondence. Correspondence about a request must be documented in the patient’s record in the EHR, under the Legal tab.

3.8.3. Responsibility. ANMC must document the titles of the persons or offices responsible for receiving and processing requests for amendments.

3.8.3.1. Accordingly, notifications are to be signed by or otherwise identify the name and job title of the member of the workforce who was responsible for the determination.



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Attachments:

- 1) Notice of Denial of Requested Amendment letter
- 2) Request for Amendment to Protected Health Information form
http://share.home.anthc.org/anmc/him/Health%20Record%20Approved%20Forms/Legal%20Documents/Request%20for%20Amendment%20to%20Health%20Record_2-17-21.pdf
- 3) Request for Protected Health Information form
http://share.home.anthc.org/anmc/him/Health%20Record%20Approved%20Forms/Legal%20Documents/TPO_8-22-17.pdf

References:

- 1) 45 C.F.R. 164.526
- 2) *Verification of Individual's Identity and Authority to Access Health Information Procedure #1001-02*



ALASKA NATIVE MEDICAL CENTER



[Date]

[Requestor Name and Address]

RE: Notice of Denial of Requested Amendment

Dear [Requestor Name],

This letter responds to your request to amend information in your medical record at the Alaska Native Medical Center (ANMC). Unfortunately, ANMC has determined that it cannot grant this request.

The denial is based on a determination that [Describe the basis for the Denial]. If you believe the denial is inappropriate, you may either: (a) submit a written statement disagreeing with the denial, or (b) request that ANMC provide a copy of your request for amendment and the denial with any future disclosures of the PHI that was the subject of the request.

To submit a statement of disagreement, please provide a written summary of the reasons why you believe the request should have been granted. The statement may be submitted to the Health Information Management Department. The Privacy Officer will review the statement and will either: (a) determine the denial should be reconsidered and will arrange for a review of the request by an uninvolved third party. The uninvolved third party will be a member of hospital leadership, who was not involved in the original review. Or, (b) if the denial is deemed to be necessary will provide you with a written rebuttal or explanation.

Alternatively, as this is a process governed by federal privacy law, you may file a complaint with the Privacy Officer or to the Secretary of the Department of Health and Human Services (HHS) and/or the Office of Civil Rights (OCR), which has contact information on its website (www.hhs.gov/ocr/hipaa). The Privacy Officer responsible for receiving this complaint is [Allison Reed, ANTHC Chief Ethics and Compliance Officer, who may be reached toll-free at 1-844-210-0774 or on her direct line (907) 729-1925.] **OR** [Denise Morris, SCF].

If you have questions about this process, please feel free to contact the Privacy Officer named above.

Sincerely,

[NAME, TITLE]

ALASKA TRIBAL HEALTH SYSTEM
REQUEST FOR AMENDMENT TO PROTECTED HEALTH INFORMATION



Patient Name:	Date of Birth:	Patient Record Number:
Patient Address:	City, State, Zip:	Telephone # Alternate #
Tribal Health Organization Responsible:	Date of Entry to Be Corrected/Amended:	Date 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:

Disclaimer: All fields on this request **must be completed** for it to be valid. Please complete one amendment request form per note that needs an amendment. Submit the completed form(s) to the Tribal Health Organization that generated and maintains the note (Ex. ANMC note send to ANMC HIM; BBHC note send to BBHC HIM; KANA note send to KANA HIM).

For Organization Use Only:

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

ALASKA NATIVE MEDICAL CENTER



REQUEST FOR PROTECTED HEALTH INFORMATION																
<p>Section 164.506 (c) (1) of the HIPAA Privacy Regulation states a covered entity is permitted to use or disclose PHI for treatment, payment, or its own health care operations. Patients are informed through the Notice of Privacy Practices of how ANMC may use and disclose their protected Health Information for these purposes.</p> <p style="text-align: center;"><u>Information Requested For The Following Purpose</u></p> <p style="text-align: center;">(Must Check One)</p> <p style="text-align: center;"> <input type="checkbox"/> Patient Treatment <input type="checkbox"/> Payment/ Billing <input type="checkbox"/> Healthcare Operations </p>																
Patient	<p>Name: _____ Birth Date: ____/____/____</p> <p>Medical Record Number: _____</p>															
Provide To	<p>Requesting Facility or Provider: _____</p> <p>Location: _____</p> <p>Phone Number and Extension: _____ Fax Number: _____</p>															
From:	<p>Information Requested From: _____</p> <p>Phone Number: _____ Fax Number: _____</p> <p>Date Sent: ____/____/____</p>															
Requested Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Discharge summaries</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Medication records</td> <td style="width: 33%; border: none;"><input type="checkbox"/> EKG Reports</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> History & physical exams</td> <td style="border: none;"><input type="checkbox"/> Complete Records</td> <td style="border: none;"><input type="checkbox"/> Emergency Dept. records</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Consultations</td> <td style="border: none;"><input type="checkbox"/> Pathology reports</td> <td style="border: none;"><input type="checkbox"/> Immunization Record</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Physician Reports</td> <td style="border: none;"><input type="checkbox"/> Radiology & imaging reports</td> <td style="border: none;"><input type="checkbox"/> Sleep study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nursing notes</td> <td style="border: none;"><input type="checkbox"/> Laboratory reports</td> <td style="border: none;"><input type="checkbox"/> School Physical</td> </tr> </table> <p><input type="checkbox"/> Records for the following dates or treatment: _____</p> <p><input type="checkbox"/> Other information: _____</p>	<input type="checkbox"/> Discharge summaries	<input type="checkbox"/> Medication records	<input type="checkbox"/> EKG Reports	<input type="checkbox"/> History & physical exams	<input type="checkbox"/> Complete Records	<input type="checkbox"/> Emergency Dept. records	<input type="checkbox"/> Consultations	<input type="checkbox"/> Pathology reports	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Physician Reports	<input type="checkbox"/> Radiology & imaging reports	<input type="checkbox"/> Sleep study	<input type="checkbox"/> Nursing notes	<input type="checkbox"/> Laboratory reports	<input type="checkbox"/> School Physical
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Submission Information	<p style="text-align: center;">Complete this section only if ANMC Staff is Releasing Information</p> <p>ANMC Employee Releasing Information: _____</p> <p>ANMC Department Releasing Information: _____</p> <p>*Be specific and include all the dates of service and document types that were released in the "Requested Information" Section.</p>															