Scope: This policy applies to all Renown-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, rehabilitation facilities, skilled nursing facilities, managed care plans, physician practices, service centers, and all Corporate Departments. This policy applies to all workforce members.

Purpose: To document patients’ rights to request an amendment or correction to their Protected Health Information (PHI) or a record about a patient in Renown’s ‘Designated Record Set’, typically the medical records and business office records as required by the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164, and any and all other applicable Federal and state laws, rules, regulations, and interpretive guidelines.

Policy: HIPAA allows for individuals to request amendment to their PHI. Generally, the patient’s ‘Medical Record’ (regardless of whether in paper, electronic document management, electronic health record (EHR) or defined hybrid systems) and the ‘Business Office Records’ (managed within the Patient Financial Systems application) are used to provide for amendment and/or correction requests from individuals. Because these records are compilations and summaries of information from other source systems and are in fact copies of other existing data and document types, they will be primarily offered for individual access and amendment. However, if necessary, other record sets identified as ‘Designated Record Sets’ or DRS, may have to be amended or corrected if the amended or corrected information may be needed for future access, use or disclosure.

An individual must make a request for an amendment in writing. All requests must be submitted on the Request for Amendment or Patient Rights Request form and provide a reason to support the requested amendment. All requests shall be directed to the appropriate staff that manages and documents these HIPAA related processes.

Patients will be granted the right to request that Renown Health amend their PHI contained within the designated record set during the period of time that the information is maintained by a Renown-affiliated facility. Examples of amendments a patient may request are:

1. Complete eradication of the PHI;
2. Replacement of the information with other words;
3. Correction of individual items;
4. Addition of records provided they are linked to disputed information

**Definition of Terms:**

1. Amend – The right of a patient to request a change to information contained in their medical record with which they disagree by identifying the affected records and appending or otherwise providing a link to the location of the change.

2. Designated Record Set – A designated record set is a group of records which a covered entity uses to make decisions about individuals, and includes health care provider’s medical records, billing records, health plan’s enrollment, payment, claims adjudication, and case or medical management record systems. Research records or results maintained in a designated record set are accessible to research participants unless one of HIPAA’s exceptions applies.

3. Protected Health Information (PHI) – For the purpose of this policy, is defined as any individually identifiable health information collected or stored by a facility. Individually identifiable health information includes demographic information and any information that relates to past, present or future physical or mental condition of an individual.

4. Workforce Member – Employees, volunteers, trainees, medical staff, residents and other persons whose conduct, in the performance of work for a Renown Health, is under the direct control of Renown, whether or not they are paid by Renown.

**Procedure:**

1. All written Request for an Amendment shall be mailed to HIM, Mail Code 012.

2. Upon receipt of a written request for amendment
   a. HIM will send the patient written confirmation of receipt of the Request for an Amendment.
   b. Renown shall act on the individual’s request no later than sixty (60) days after receipt of the request.
   c. Renown may extend the time for action by no more than thirty (30) days. If the thirty (30) day extension is required, this organization must provide the individual with a written statement, within the sixty (60) day period, denoting the reasons for the delay and the date by which this organization will complete its action on the request.
   d. Renown may have only one such thirty (30) day extension.

3. Renown may accept or deny the amendment
   a. Determinations of whether to accept or deny the request for the amendment will be made
after consultation with the treating physician and/or author of the entry requested to be amended, evaluation of the individual’s request, and to the extent appropriate, other health professionals familiar with the patient’s course of treatment.

b. HIM will send the Request for an Amendment to the appropriate Provider and a timeframe by which the Provider must respond back to HIM.

c. The Provider shall inform HIM, in writing, whether they agree or disagree with the Request.

d. Renown’s Compliance and Privacy Officer or his/her designee may be consulted for direction or clarification following a review of the relevant record and Designated Record Set.

4. Acceptance of the Amendment

a. If Renown accepts the amendment this organization will make the appropriate amendment to the PHI or record that is the subject of the request for amendment by identifying the records in the Designated Record Set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

b. The amendment to the PHI may be in the form of an addendum, which would be placed in the record, or an actual change to the documentation in the record. The addendum should be completed by the individual making the original entry and should be located in the same proximity as the original entry. The addendum should be clear, concise, and reflect the problem with the original record entry. Electronic record systems should appropriately document the reason for the Amendment, the party that has created the Amendment and index the information so that it can be readily accessed by authorized users.

c. For correction of a paper record entry (which is to be utilized only in clear circumstances as opposed to amendments which are favored), a single line should be drawn through the incorrect information, corrected entry documented, dated, and initialed by the individual making the correction. Amendments and corrections for electronic records should be accompanied either the previous version, on-screen strikethroughs or links that are easy to associate with the amended or corrected data. Additional protections include by audit log entries that document the changes (prior to and after the correction) and the ability to see data or document versions (prior to and after the correction versions) after the correction(s) has been made.

d. HIM will timely inform the individual in writing that the amendment has been accepted.

e. Based on the individual’s request, HIM will notify the relevant persons with which the
Amendment needs to be shared.

f. HIM will make reasonable efforts to inform and provide the Amendment within a reasonable time to (a) persons identified by the individual as having received PHI about the individual and requiring the amendment; and (b) persons, including Business Associates of the organization, that the organization knows have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.

5. Denial of the Amendment
   a. If Renown denies the amendment in whole or in part, this organization will provide the individual who requested the amendment with a written denial within sixty (60) days after receipt of the Request for Amendment.
   b. The denial will use plain language and contain:
      1) One of the following reasons for the denial:
         i. Was not created by this organization;
         ii. The individual originator of PHI is no longer available to act on the requested amendment;
         iii. Is not part of the Designated Record Set;
         iv. Would not be available for inspection (e.g. psychotherapy notes, information compiled in anticipation of, or for use in a civil, criminal or administrative action or proceeding) or;
         v. Is accurate and complete.

      2) A statement of the individual’s right to submit a written statement disagreeing with the denial and how the individual may file such a statement;

      3) A statement that, if the individual does not submit a statement of disagreement, the individual may request that this organization provide the individual’s request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and

      4) A description of how the individual may complain to this organization pursuant to the complaint procedures established as part of HIPAA or to the Secretary of the U.S. Department of Health and Human Services. The description must include the name, or title and telephone number of this organization’s Privacy Officer.
c. For partial denials, the denial notice will explain what portion of the amendment will be granted and what portion will be denied.
   1) The notice will also explain how the patient may contact this organization if he or she wishes the organization to make the partial amendment.
   2) The partial amendment may not be made without the patient’s permission.
   3) If permission is granted, then the record will be amended/corrected in the manner as outlined in the ‘Acceptance of the Amendment’ section of this policy.

d. Renown will permit the individual to submit to the organization a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement.

e. Renown will prepare a written rebuttal to the individual’s statement of disagreement. Whenever such a rebuttal is prepared, Renown will provide a copy to the individual who submitted the statement of disagreement.

f. Renown will, as appropriate, identify the record of PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the individuals request for an amendment, Renown’s denial of the request, the individual’s statement of disagreement, if any, and Renown’s rebuttal, if any, to the designated record set.

6. Future Disclosures
a. If a statement of disagreement has been submitted by the individual, Renown will include the material appended, or at the election of Renown, an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.

b. If the individual has not submitted a written statement of disagreement, Renown must include the individual’s request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI only if the individual has requested such action.

c. When a subsequent disclosure as described above is made using a standard transaction and the standard transaction or code set does not permit the additional material to be included with the disclosure, Renown may separately transmit the material required to the recipient of the standard transaction.

d. If Renown is informed by another Covered Entity of an amendment to an individual’s PHI, Renown will amend the PHI in appropriate designated record sets as provided in this policy.

e. Renown will retain all documentation associated with requests for amendments (and the
associated determinations) for the longer of:
   1) Six (6) years from the date of its creation; or
   2) The last effective date of the relevant documents.

f. All such documentation shall be maintained by Renown’s Privacy Officer and in the
individual’s appropriate record sets. All documentation must identify the titles of the persons
or offices receiving and processing requests.

7. Each workforce member with treatment, payment or health care related responsibilities is
   responsible for compliance with these policies and principles.

8. The Chief Compliance and Privacy Officer has the responsibility of facilitating compliance with
   these procedures.

9. Enforcement will be consistent with Renown Health’s Code of Ethics and Renown Health Human
   Resource Progressive Discipline Policy RENOWN.HRM.810.

References:
Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of individually
Identifiable Health Information, 45 CFR Parts 160 and 164.
RENOWN.HRM.810 Coaching and Corrective Action

Contributors:

Approvals: