POLICY: PATIENT RIGHT TO AMEND HIS/HER MEDICAL/DENTAL/RESEARCH AND/OR BILLING RECORD (Privacy & Security of Protected Health Information (PHI))

PURPOSE:
To allow patients, or their authorized representatives, the right to request that an amendment be made to their records in the designated record set (defined as the patient’s medical record and/or dental record, maintained by or for UConn Health to make decisions about patients, and could include any billing records and/or research records only when they are included as part of the designated record set).

SCOPE:
All UConn Health staff involved in the care of patients as well as staff in areas managing medical, dental, research, and/or billing records for patient care services will comply with this policy and procedure.

POLICY STATEMENT:
UConn Health is committed to safeguarding PHI in order to fulfill its mission to patients and to operate in a manner that is consistent with applicable federal and state laws and regulations. The original patient’s medical, dental, research, and/or billing record is the property of UConn Health and may not be removed from UConn Health’s control except by court order. This policy will ensure the patient’s right to amend his/her PHI when appropriate.

I. AMENDMENT OF RECORDS
A. Request Form For Amendment:

1. Patients and/or their authorized representatives have the right to amend their record information upon request. The request to do so must be in writing. (See attached form titled “Request For Amendment of Health Information” HCH 1352).

2. The patient has the right to request an amendment for as long as the records are kept by or for UConn Health.

3. Patient representatives have the right to act on the behalf of the patient when this is a court appointed status, or when they have the written authorization of the patient should the patient not be able to act on their own behalf.
4. Patients or their representatives requesting amendment may amend their records during the current episode of care or after care has been completed. All requests will follow the process outlined below.

**B. Process For Amendment To Health Records:**

1. UConn Health must act on the patient’s request for amendment no later than sixty (60) days after receipt of such request. UConn Health will have a one-time extension of up to 30 days for an amendment request if necessary, provided UConn Health gives the individual a written statement of the reason for the delay, and the date by which the amendment will be processed.

2. If a patient believes an entry in his/her record is incomplete or inaccurate upon inspection, the following steps are to be followed:
   a. **Billing Records** - The Patient Services/Accounts Departments handle inaccurate or incomplete billing records directly with the patient or authorized representative.
   b. **Medical/Dental or Research Records** - The patient or his/her authorized representative completes the request for amendment, submitted on Form HCH 1352 noted above and provides to:
      i. The Director of Health Information Management (HIM) or designee for medical or dental records whether during current or completed episode of care.
      ii. The Director of Health Information Management (HIM) or the Principal Investigator (PI) of the specific study for research records.
   c. Individuals in the departments noted above will assist the patient in completing the form if necessary. Upon completion of the form the employee will give one copy to the patient, file one copy in the record in question, and forward the original to the author of the entry.
   d. The author of the inaccurate/incomplete entry may request the record for review to determine the validity/feasibility of the requested amendment and following that review will complete a note in the medical record, sign the note, and return it to the department handling the amendment request. The original form with the author’s approval or denial will remain a permanent part of the patient’s record.
   e. In situations where PHI flows from one encounter to another, both in handwritten entries as well as electronic entries, the original author shall first review the documentation for validity. If the documentation is deemed inaccurate and warrants a change by other downstream providers each individual provider will be responsible to make an amendment to their individual note(s).
   f. If an amendment is made based on the patient’s request, the department staff handling the amendment will attach the addendum with the amendment made by the author to the appropriate notes within the medical record in question.
   g. A copy of the completed amendment form and amended document from the record will be sent to the patient indicating that an amendment was made.
   h. The amendment will also be sent to others who have already received and relied on the information subject to the amendment.
i. Copies of the amendment will also be furnished to additional individuals or organizations the patient deems necessary as documented on the amendment form.

j. Whenever any portion of the amended record is requested to be released, a copy of the amendment documentation will accompany the release if it pertains to the amended information.

II. GROUNDS FOR DENIAL OF AMENDMENT

A. UConn Health may deny the request for amendment if the PHI that is the subject of the request:

1. Was not created by UConn Health.
2. Is not part of the individual’s designated record set.
3. Would not otherwise be available to the patient for viewing.
4. Is accurate and complete.

III. DENIAL PROCESS

A. If the request for amendment is denied, the patient is informed in writing using a copy of the completed Form HCH 1352 “Request for Amendment of Health Information”. Included in this notification on page 2 of the form are the following:

1. The basis for the denial.
2. A description of how to file a complaint or disagreement.
3. A description of the organization’s complaint process including the name and telephone number of the Privacy Officer.
4. A description of the complaint process for filing with the U.S. Secretary of the DHHS.
5. A statement that if the patient does not submit a statement of disagreement, the patient may request that UConn Health provide the request for amendment and the denial with any future disclosure of the information that is the subject of the requested amendment.

B. If the patient disagrees with the denial, the Health Information Management Department must permit the patient to submit a written statement of disagreement. If a written statement of disagreement is provided by the patient, the responsible provider will be contacted and may provide a written rebuttal to the patient’s disagreement. If the responsible provider writes a rebuttal, the rebuttal will be provided to the patient.

C. The written statement of disagreement from the patient and the written rebuttal by UConn Health will both be kept on file in the patient’s record and will be included with any subsequent disclosures of the PHI to which the disagreement relates.
Attachments:
Request for Amendment of Health Information Form HCH 1352

References:
American Health Information Management Association (AHIMA)
§ 164.524 Health Insurance Portability and Accountability Act of 1996
Privacy Definitions (Privacy and Security of PHI) Policy #2003-03

Elena Albini (Signed) 1/27/16

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Elena Albini
Director of Medical Records

Iris Mauriello (Signed) 1/15/16

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Iris Mauriello
Compliance Integrity/Privacy Officer

Victor Hesselbrock (Signed) 2/1/16

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Victor Hesselbrock, Ph.D.
Interim Senior Associate Dean
Research Planning and Coordination

Andrew Agwunobi (Signed) 2/2/16

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Andrew Agwunobi, M.D., M.B.A.
Chief Executive Officer
Executive Vice President for Health Affairs

Revised: 12/10/13, 1/12/16
Replaced Portions of Policy #2003-17 on 04/12/11