

	Title: HIPAA - Right to Request to Amend Designated Record Set Policy	Review Frequency: Annual	Effective Date: 6/15/2018
	Document Category / Document Type: Cascaded / Policy	Doc Control No.	HS-310
		Revision Letter/No.	2

1.0 Purpose/Objectives.

To provide clarity for members of the workforce on how patients may access their health information and when and how an amendment will be accepted.

2.0 Scope.

To ensure every UNM patient, the right to request amendments to their protected health information stored in the designated record set as required by the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, and any and all other Federal regulations and interpretive guidelines promulgated thereunder.

This policy applies to ALL Health Sciences faculty and staff regardless of their department, unit, clinic, college or facility affiliation. Health Sciences cascaded policies shall be sent to Health Sciences Components for their respective adoption, dissemination and implementation.

3.0 Content.

1. Patient Rights

- 1.1. Patients have the right to request that the facility amend their protected health information for as long as the information is maintained by the facility.
- 1.2. The facility may deny a patient's request for amendment if it determines that the protected health information that is the subject of the request:
 - 1.2.1 Was not created by the facility, unless the originator of the information is no longer available to act on the requested amendment;
 - 1.2.2. Is not part of the designated record set; or
 - 1.2.3. Would not be available for access pursuant to the Patient Privacy – Right to Access Procedure.
 - 1.2.4. The record is accurate and complete, as reviewed by our providers.
- 1.3 The UNMH Executive Director, Health Information Management (HIM) or designee will respond to the patient's written request to amend.
- 1.4. If the facility denies the request for amendment in whole or in part, the Executive Director, HIM or designee must provide the patient with a written denial that outlines the reason for the denial. The patient may file an appeal with the Privacy Officer for consideration.

2. Requests for Amendment and Timely Action

- 2.1. The request for amendment must be in writing and must provide a reason to support the requested amendment.
- 2.2. Upon the receipt of a written request, it must be forwarded to the Executive Director, HIM or designee within 24 hours.
- 2.3. The facility must act on a request to amend no later than 60 days after receipt of the written request.
- 2.4. Extenuating Circumstances:
 - 2.4.1. If the facility is not able to meet the request to amend the record in 60 days, the Executive Director, HIM or designee must provide the patient with a written

statement outlining the reasons for the delay and the date by which the request will be met.

- 2.4.2. If it is foreseeable that the request cannot be met within 60 days, the Privacy Officer must be informed by the Director, HIM or his/her designee of the delay no later than 10 business days prior to the deadline and must act to remediate the situation.

3. Accepting the Amendment

The following steps should be followed when accepting amendments to patient records: The Executive Director, HIM or designee must make the appropriate amendment to the protected health information by, at a minimum, identifying the records in the designated record set that are affected and appending or otherwise providing a link to the location of the amendment. In the case where the information is stored in another medium (e.g. microfilm, microfiche), a record of the link will be filed.

- 3.1. The Executive Director, HIM or designee must inform the patient in a timely fashion that the amendment has been accepted.
- 3.2. The Executive Director, HIM or designee or designee must make reasonable efforts to inform and provide the amendment in a reasonable time to:
- 3.3. Persons identified by the patient as needing the amendment; or
 - 3.3.1. Persons, including business associates, whom the facility knows have the unamended information and who may have relied or could foreseeably rely on the information to the detriment of the patient.
- 3.4. Amendments regarding services provided to the patient will be communicated to appropriate individuals in the billing department for review of potential billing issues.

4. Denying the Amendment

- 4.1. If the facility denies the request, a timely, written denial to the patient must be provided by the Executive Director, HIM or designee. The denial must contain:
 - 4.1.1. The basis for the denial in accordance with #2 under General Information and Description/Overview;
 - 4.1.2. The patient's right to submit a written disagreement and how the patient may file such a statement. This will be placed in the patient's medical record.
 - 4.1.3. A statement that the patient may request the facility to include the request and denial with any future disclosures of the information included in the request for amendment; and
 - 4.1.4. A description of how the patient may discuss the denial with the Privacy Officer, including the Privacy Officer's name and telephone number, and how to contact the United States Secretary of Health and Human Services.

5. Statement of Disagreement

- 5.1. If the patient submits a statement of disagreement and, after review by the Privacy Officer, the Executive Director, HIM or designee may place a statement of rebuttal in the patient record in which case a copy must be forwarded to the patient.
- 5.2. If a statement of disagreement is submitted, the facility will place the patient's request for an amendment, the denial, the statement of disagreement, and the written rebuttal into the specified designated record set.
- 5.3. Any future disclosures must include the request for amendment, the denial and the statement of disagreement.

6. Accepting Forwarded Amendments

An HSC facility that is informed by another entity of an amendment must accept the amendment into its designated record set.

7. Required Documentation

7.1 The HSC facility must document and retain the following:

7.1.1. The designated record sets that are subject to amendment by individuals.

7.1.2. The titles of the persons or offices responsible for receiving and processing requests for amendment by individuals.

7.2. All correspondence and associated documentation related to patient amendment of the designated record set must be maintained/retained per the HSC Record Retention and Destruction Policy.

4.0 Responsibilities.

RESPONSIBILITIES	
Position/Title/Group	Requirements/Expectations/Duties
Executive Director HIM	<ul style="list-style-type: none"> Respond to patient’s written request within 60 days Make appropriate amendment Inform the patient
Privacy Office	<ul style="list-style-type: none"> Process the written request to HIM within 24 hours Review statements Accept forwarded amendments from another entity Manage records

5.0 Records. Applicability/Retention.

Records will be maintained in accordance with the Health Sciences Records Management, Retention and Disposition Policy.

6.0 External Reference(s).

Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164)

7.0 Internal Reference(s).

- Health Information Management (UNM Hospitals)
- Health Sciences Policy on Policies
- Health Sciences Records Management, Retention and Disposition Policy

8.0 Definitions.

For the purpose of this guideline, “amendment” is defined as a correction or addition to the medical record. It does not include deleting or removing or otherwise changing the content of the record.

9.0 Key Words.

HIPAA (Health Insurance Portability and Accountability Act), amendment, HIM (Health Information Management)

10.0 Attachments.

Not Applicable

11.0 Approval Authority.

APPROVAL and Information			
Item	Contact Information	Date	Reviewed / Approval
Document Owner	Privacy Office, Laura Putz, Privacy Officer, 272-1493		
Consultant	Executive Director Health Information Management		Reviewed
Committee	Executive Compliance Committee	3/21/2018	Approved

Group	The Core Team	4/9/2018	Approved
Office	HSC Legal Office	1/22/2018	Reviewed
Official Approver	Paul B. Roth, Chancellor for Health Sciences & Dean of School of Medicine.		Approved
Official Signature	On File Health Sciences Policy Office	6/13/2018	
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12.0 Document History.

HISTORY LOG				
Date and Date Type: (Specify: Origination, Effective or Retired Date) In addition: Add Review Date when effective date does not change due to no major updates.	New Revision/ Letter/#:	Title of Document:	Description of Change(s):	Approved By: Print Name/Title
12/2002, Origination Date	Original	HIPAA Right to Request to Amend Designated Record Set	Original	
4/18/2012, Effective Date	Revision 1	HIPAA Right to Request to Amend Designated Record Set	Replaces document of same name, last review/revision, 2003.	Dr. Paul Roth, Chancellor for Health Sciences
6/15/2018, Effective Date	Revision 2	HIPAA-Right to Request to Amend Designated Record Set Policy	Reformatted Responsibilities identified Thoroughly updated	Dr. Paul Roth, Chancellor for Health Sciences
10/1/2019, Reviewed. Effective Date remains 6/15/2018, as only minor edits were made.	Revision 2	HIPAA-Right to Request to Amend Designated Record Set Policy HS-310	Updated Document Owner.	N/A