



Policy and Procedure: HIPAA/HITECH Compliance

Topic: Amendment Requests

HIPAA Regulation:

- *Amendment* § 164.526

Policy Purpose:

The purpose of this policy is to provide individuals with the opportunity to amend incorrect health information in accordance with the HIPAA requirements.

Policy Description:

It is the policy of Saratoga Bridges that all requests for amendment of incorrect protected health information maintained by this organization will be considered in a timely fashion. If such requests demonstrate that the information is actually incorrect, Saratoga Bridges will allow amending language to be added to the appropriate document and this addition will be done in a timely manner.

It is also the policy of Saratoga Bridges that notice of such corrections will be given to any organization with which the incorrect information has been shared. Under no circumstance, however, is original health information to be written over, obliterated in any way, or otherwise adulterated. All amendments will be made on a specific form designed for the purpose of amending health information only.

Policy Responsibilities:

Staff

1. Forwards all requests for amendment to the Privacy Officer.

Privacy Officer

1. Contacts the individual (or his/her personal representative) who has requested an amendment within 30 days of the request.
2. Informs the individual (or his/her personal representative) that the request for amendment must be submitted using the Request for Amendment form.
3. Provides the form in person, by mail, or by fax. Assists in completing the form, if requested.
4. Tracks the status of each request in the tracking information section of the Request for Amendment form.
5. Schedules a time for the individual (or his/her personal representative) to visit Saratoga Bridges and inspect the clinical record, if needed.



6. Reviews the amendment information stated on the Request for Amendment form.
7. Meets with the appropriate program director to review the amendment, if necessary.
8. Determines whether to accept or deny the amendment. (See NOTE below)
9. Records the decision in the response section of the Request for Amendment form.
10. Forwards a copy of the response section of the Request for Amendment form to the individual (or his/her personal representative) within **30** days of completion, by certified receipt requested mail. (*HIPAA requires that action is taken on the amendment within 60 days of receiving the written request.*)
11. Completes the tracking information section of the Request for Amendment form.

NOTE: An amendment may be denied only for one of the following four reasons:

- **The information is accurate and complete as it is,**
- **The information did not originate at this organization,**
- **The information is not part of a set of records for making decisions about the individual, or**
- **The information is not available for inspection for some other reason.**

If Amendment Request is Accepted:

Privacy Officer

1. Inserts the amendment into the clinical record in a special section or tab titled "Amendments".
2. Places an **amendment** label on the front of the record indicating that an amendment is in place.
3. Sends a copy to the individuals or entities that the individual or the individual's personal representative has requested to be notified (if any).
4. Sends a copy of the amendment to any other entities or business associates who may have received the incorrect information.
5. Notifies appropriate staff of the amendment to ensure that accurate information is disclosed from this point forward.
6. Files the original request and the response in Saratoga Bridges HIPAA compliance file.

If Amendment Request is Denied:

Privacy Officer

1. Ensures that the denial of amendment includes a statement of the requestor's rights:
 - a. To request that the proposed amendment be included in all future disclosures.
 - b. To file a statement of disagreement (a template is included in the statement of disagreement section of the Request for Amendment form).
 - c. To complain to the Organization or to the Department of Health and Human Services.



2. Files the original request and the response in Saratoga Bridges HIPAA compliance file unless the requestor asks that they be filed with the requestor's clinical record, in which case files them with the requestor's clinical record.
3. Files the individual's statement of disagreement (if any) in the clinical record.
4. If appropriate, composes a rebuttal using the rebuttal section of the Request for Amendment form and files it with the statement of disagreement. Provides a copy of the rebuttal to the requestor. **(Saratoga Bridges is not required to file a rebuttal. However, if it does, it *is* required to provide a copy to the requestor.)**

Appendices:

- Request for Amendment of or Addition to Protected Health Information Form
- Response to Request to Amend Protected Health Information Form
- Response to Rejection of Amendment Request Form
- Amendment or Addition Tracking Information Form



**Request for Amendment of or Addition
to Protected Health Information**

**Saratoga Bridges
16 Saratoga Bridges Blvd. Ballston Spa, NY 12020**

Privacy Officer: (Name) _____
Phone: _____

As required by the Health Information Portability and Accountability Act, you have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. Saratoga Bridges will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

I, _____ (print name), believe that the following health information pertaining to me (or the individual identified below) is incorrect or incomplete (please explain below or attach the challenged entry and identify its location in the clinical record):

I believe that the information described above is incomplete or incorrect for the following reasons:

I hereby request that you amend the health information identified above as follows:



In addition, I request that the following people be notified of the correction:

Name	Address
_____	_____
_____	_____
_____	_____

Saratoga Bridges will not make the requested changes if:

- 1. They do not involve your clinical records, billing records, or other records that we use to make decisions about you; or**
- 2. They involve records that you do not have the right to access; or**
- 3. We did not create the information (unless the person or entity that created the information is unable to act on your request); or**
- 4. The information is already accurate and complete.**

If Saratoga Bridges agrees to change your information, they will communicate the changed information to the persons or entities that you have designated above. They will also communicate the changed information to any other persons or entities that they know have received the information before it was amended. If they are not able to act on this request in 60 days, they will notify of the reasons for the delay.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the Individual, please indicate:

Relationship:

- Parent or guardian of individual
- Health Care Proxy or Agent
- Beneficiary or personal representative of deceased individual
- Other (specify) _____

Name of Individual: _____



Response to Request to Amend Protected Health Information

Saratoga Bridges
16 Saratoga Bridges Blvd. Ballston Spa, NY 12020

Privacy Officer: (Name) _____
Phone: _____

Dear _____:

We received your request to change your clinical information (or the clinical information of the individual listed below) dated _____, and have the following response:

- We will make the change you requested and notify the people you listed of the change.
- We need more time, and will send you a response by _____. [*Date that is no later than ninety (90) days after our receipt of your request*]
- We will grant your request in part, and make the following change:

- We will not make the change you requested. If we did not make the change, or the entire change you requested, it was because:
 - The information you want changed is not part of your medical or billing records, or other records which we use to make decisions about you.
 - You do not have the right to access the information you want changed.
 - We did not create the information you want changed, and have no reasonable basis to believe the person who created the information cannot act on your request.
 - The information is already accurate and complete.
 - Other _____

If we denied your request in whole or in part, you may request that we include with all future disclosures of the contested information either a "Statement of Disagreement" or a copy of your request for amendment and our denial.



If you want to submit a "Statement of Disagreement" or if you want us to include your request for amendment and our denial with future disclosures of this information, please complete the attached form and return it to us.

Sincerely,

Title

Print name

Date

NOTE: *If you believe your rights have been violated, you may file a complaint with Saratoga Bridges or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to our Privacy Officer at the address listed at the top of this form. You will not be penalized for filing a complaint. A complaint form is available from the Privacy Officer listed above.*



Response to Rejection of Amendment Request

Saratoga Bridges

16 Saratoga Bridges Blvd. Ballston Spa, NY 12020

Privacy Officer: (Name) _____

Phone: _____

I understand that my request for amendment of my medical records dated _____ was denied.

Please choose only one of the following:

1. STATEMENT OF DISAGREEMENT

I want the following statement of my disagreement with your denial of my request for amendment of my information to be included with all future disclosures of the contested clinical information. I disagree with the denial because:

I understand that you may distribute a rebuttal to this Statement of Disagreement, and that if you write a rebuttal you will send me a copy.

2. REQUEST FOR INCLUSION OF MY REQUEST FOR AMENDMENT AND YOUR DENIAL

I want my request for amendment and your denial notice to be included with all future disclosures of the contested information.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the individual, please indicate:

Relationship:

- Parent or guardian of individual
- Health Care Proxy or Agent
- Beneficiary or personal representative of deceased individual
- Other (specify) _____

Name of Individual: _____



Amendment or Addition Tracking Information

Saratoga Bridges
16 Saratoga Bridges Blvd. Ballston Spa, NY 12020

Privacy Officer: (Name) _____
Phone: _____

Name of Individual: _____

Address: _____

For Office Use Only:

Date received:	Processed by:
Review Date:	Response Date:
Individual Follow-up: __ Yes __ No	Date of Organization Follow-up:
Individual Follow-up: __ Yes __ No	Date of Organization Follow-up:

Reviewer's Comments: (Sign and date all comments.)

Action Taken: (Sign and date all entries.)
