

# STANDARD ADMINISTRATIVE PROCEDURE

## 16.99.99.M0.21 Patient Request to Amend Personal Health Information

*Approved October 27, 2014*

*Next scheduled review: October 27, 2019*

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### SAP Statement

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This procedure applies to Texas A&M Health Science Center (TAMHSC) health care providers, its participating physicians and clinicians, employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of the health care provider and has been designated as a member of the TAMHSC Health Care Component. This procedure pertains to protected health information covered by the TAMHSC Health Care Component's Notice of Privacy Practices.

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### Official procedure

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#### 1. GENERAL

Patients have a right to request that the TAMHSC Health Care Component amend<sup>i</sup> health information contained in records that may be used to make decisions about the patient. The TAMHSC Health Care Component has strict policies and procedures about how and when patient requests for amendment of records will be granted or denied. Therefore, for records maintained by the TAMHSC Health Care Component, patients should be directed to submit requests for amendment of medical records to the TAMHSC Health Care Component. Requests for amendments of billing records should be directed to the TAMHSC Health Care Component Billing Office. The TAMHSC Health Care Component may respond to the patient about his/her request. The request should be processed in a timely and respectful manner in accordance with the procedures below

##### 1.1 Right to Request Amendment.

1.1.1 Patients have the right to request that we amend the protected health information that the TAMHSC Health Care Component, or one of the hospital's business associates, maintains in "designated record sets."

1.1.2 Designated record sets are sets of records that may be used to make decisions about the patients or their treatment and generally include the patient's medical record and billing records.

1.1.3 The specific records included in a designated record set are discussed in Preparation and Maintenance of Designated Record Sets Procedure. Staff



and personnel should review that procedure in addition to reviewing this procedure.

1.1.4 Patients have the right to request amendment of their protected health information for as long as the information is contained in the designated record set.

1.1.5 All requests for amendment must be made in writing. The TAMHSC Health Care Component should encourage the patient or the patient's personal representative to complete the request form provided in **Appendix A** of this procedure or to write a letter that covers the same information requested on that form.

1.1.6 Although a patient's request should be made in writing, the TAMHSC Health Care Component should follow up on a patient's request by phone to clarify what information the patient is seeking to amend.

1.1.7 The TAMHSC Health Care Component should record on the patient's request form the results of that discussion and initial his or her notes.

1.2 Response Time.

1.2.1 The TAMHSC Health Care Component is expected to respond to patient requests for amendment of their protected health information (by either granting or denying the request) as soon as possible after the request is received.

1.2.2 At the very latest, the response to the request should be issued within 60 days from the date the request was received.

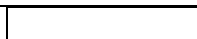
1.2.3 The TAMHSC Health Care Component should complete the information at the bottom of the patient's request form provided in **Appendix A**.

1.2.4 If the patient's written request is not made on the form provided in **Appendix A**, the TAMHSC Health Care Component should write in the equivalent information on whatever written request was submitted by the patient.

1.3 Response Time Extended.

1.3.1 In rare circumstances, the TAMHSC Health Care Component may be unable to respond within 60 days. If so, the staff may extend the time for responding by another 30 days.

1.3.2 Under no circumstances may a response be given later than 90 days from the date the patient's request was received.



- 1.3.3 If the 30-day extension is needed, the TAMHSC Health Care Component must notify the patient in writing within the first 60 days to explain the reason for the delay and the date when patient's request will be completed.
- 1.3.4 This notice should be added to the patient's medical record.
- 1.3.5 The TAMHSC Health Care Component's standard notice for this purpose is provided in **Appendix B** of this procedure.
- 1.4 Granting Requested Amendments.
  - 1.4.1 A patient's request for amendment of protected health information may only be granted according to the following procedures.
  - 1.4.2 The TAMHSC Health Care Component must complete these procedures within the time provided in Section 2.2 of this procedure.

## 2. PROCEDURE

- 2.1 Review of Information.
  - 2.1.1 The TAMHSC Health Care Component should determine whether the information that the patient would like to amend was created by the TAMHSC Health Care Component and should also determine whether the patient would be prohibited from inspecting his or her own information.
  - 2.1.2 The TAMHSC Health Care Component cannot amend information that was not created by them unless they have reason to believe that the person or organization that did create the information is no longer available to respond to a request for amendment.
  - 2.1.3 The TAMHSC Health Care Component cannot amend information if the patient requesting the amendment would not be able to inspect the information.
  - 2.1.4 The TAMHSC Health Care Component should review the information to determine if an amendment is appropriate, and where necessary, the medical records designee should consult with the medical staff who created the information or with other staff who might be able to verify the accuracy of the information.
  - 2.1.5 The TAMHSC Health Care Component, should only grant a patient's request to amend certain protected health information if they determine that the current information is incomplete or inaccurate and should be amended (completely or in part) as requested by the patient.

- 2.2 Notify the Patient and Obtain Permission To Notify Others.
- 2.2.1 The TAMHSC Health Care Component must notify the patient that his or her requested amendment is being granted.
- 2.2.2 The patient may be notified in person, by phone, or in writing.
- 2.2.3 When providing notice, the TAMHSC Health Care Component should also ask the patient the following questions:
- Would the patient grant the TAMHSC Health Care Component permission to notify other persons or organizations that have relied, or may rely, on the original information in a way that may negatively affect the patient;
  - Would the patient like the TAMHSC Health Care Component to notify any other persons about the amendment?
- 2.2.4 A sample written notice form is provided in **Appendix C** of this procedure.
- 2.3 Make the Amendment.
- 2.3.1 The TAMHSC Health Care Component should make the appropriate amendment everywhere that the patient's protected health information appears in designated record sets maintained by the TAMHSC Health Care Component or its business associates.
- 2.3.2 If a document is entirely misplaced and does not belong in the patient's record, it may be removed from the record and re-filed in its proper place.
- 2.3.3 If a document belongs in the patient's record but contains an error, the TAMHSC Health Care Component should attempt to make a notation directly on the record that corrects the information without deleting the original entry.
- 2.3.4 If additional pages are required to correct the information, the TAMHSC Health Care Component should make a notation on the original document directing the reader to the amendment page or pages. Where possible, the amendment page or pages should be physically attached to the original document (for example, using staples).
- 2.3.5 If the information that needs to be amended is contained in an electronic format, the TAMHSC Health Care Component should attempt to make a notation that corrects the information without deleting the original entry, or create a link to a location where the amended information can be found.
- 2.4 Notify Others

2.4.1 The TAMHSC Health Care Component is expected to use all reasonable efforts to forward the amendment to persons or organizations that the patient has stated should be notified.

2.4.2 If the patient agrees, the TAMHSC Health Care Component is also expected to notify any person or organization who may have relied, or may rely in the future, on the original information in a way that may negatively affect the patient.

2.4.3 The patient's agreement is not necessary to notify TAMHSC's business associates.

## 2.5 Future Disclosures.

2.5.1 Any future disclosures of the protected health information that needed to be amended must include the amended information or a link to the amended information.

2.5.2 If the information needs to be disclosed through a standard transaction that does not permit inclusion of the additional material required by the amendment, the TAMHSC Health Care Component may separately transmit the amendment material.

## 2.6 Denying Requested Amendments.

2.6.1 A patient's requested amendment may be denied under the following circumstances:

- The request is not in writing;
- The patient's request did not explain why he or she believes TAMHSC Health Care Component should make the amendment;
- The information is not contained in a designated record set maintained by the TAMHSC Health Care Component or any of its business associates;
- The information was not created by TAMHSC Health Care Component, unless it has reason to believe that the person or organization that did create the information is no longer available to fulfill the patient's request (for example, if the facility that created the information has closed); and/or
- The TAMHSC Health Care Component cannot determine that the information is inaccurate or incomplete without the requested amendment.

## 2.7 Notice of Denial.

2.7.1 If the patient's request for an amendment is denied, the TAMHSC Health Care Component must notify the patient (within the time frame applicable

in Section 2.2 of this procedure) using the denial notice provided in **Appendix D** of this procedure.

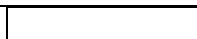
- 2.7.2 When preparing the denial notice, the TAMHSC Health Care Component should indicate the grounds for denying the patient's amendment by checking off the appropriate box or boxes.
- 2.7.3 If the ground(s) for denying the amendment is that the patient would not be permitted to inspect the information, the denial notice must explain the reason that inspection is not permitted.
- 2.7.4 If the amendment is only partially denied, the denial notice must explain what portion of the amendment will be granted and what portion will be denied. It must also explain how the patient may contact the TAMHSC Health Care Component if he or she wishes the practice to make the partial amendment.
- 2.7.5 The partial amendment may not be made without the patient's permission. If the patient grants permission, the TAMHSC Health Care Component must make the partial amendment in accordance with the procedures in Section 3.3 of this procedure.
- 2.7.6 The notice must also explain the patient's right to request that we include a statement about the amendment when disclosing the disputed information to other persons in the future.

## 2.8 Statement of Disagreement.

- 2.8.1 After receiving the Notice of Denial from the TAMHSC Health Care Component, the patient may submit a statement explaining his or her disagreement with our decision.
- 2.8.2 If the patient submits a statement of disagreement, the TAMHSC Health Care Component may prepare a rebuttal statement if necessary to clarify the TAMHSC Health Care Component's position about why the amendment should be denied, or to respond to issues raised in the patient's statement of disagreement. A copy of this rebuttal statement must be provided to the patient.
- 2.8.3 Consultation with the TAMHSC Health Care Component Privacy Official must take place prior to sending the rebuttal to the patient.

## 2.9 No Statement of Disagreement.

- 2.9.1 If the patient does not submit a statement of disagreement, he or she may request that TAMHSC Health Care Component include the patient's



amendment request and the denial notice in any future disclosure of the protected health information that is the subject of the dispute.

2.9.2 If the patient makes this request, the TAMHSC Health Care Component as applicable, must include these documents, or an accurate summary of them, in any future disclosures of the information.

2.9.3 If the patient does not make this request (and does not submit a statement of disagreement), the TAMHSC Health Care Component need not include any of these materials in future disclosures of the protected health information that was the subject of the disputed amendment.

#### 2.10 Recordkeeping.

2.10.1 The TAMHSC Health Care Component must physically attach, or electronically link, the following documents to the protected health information that was the subject of the disputed amendment (in every place that information appears in the patient's designated record sets):

- The patient's written amendment request;
- TAMHSC Health Care Component's notice denying that amendment request;
- The patient's statement of disagreement (if any); and
- TAMHSC Health Care Component's rebuttal statement (if any).

#### 2.11 Compliance With Amendments Reported From Other Organizations.

2.11.1 If another organization informs TAMHSC Health Care Component that has granted a patient's request to amend the patient's protected health information (and how that information has been amended) the TAMHSC Health Care Component must amend that patient's protected health information everywhere it appears in designated record sets maintained by our hospital.

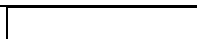
2.11.2 These amendments should be made in accordance with the procedures set forth in Section 3.3 of this procedure, including notifying the patient and others (where appropriate) that the amendment has been made

#### 2.12 Forwarding Response to the Privacy Officer.

2.12.1 After responding to each amendment and/or Denial of Protected Health Information, a copy of this data must be forwarded to the Privacy Officer.

### 3. VIOLATIONS

The Privacy Officer has general responsibility for implementation of this procedure. Employees who violate this procedure will be subject to disciplinary action up to and



including termination of employment. Anyone who knows or has reason to believe that another person has violated this procedure should report the matter promptly to his or her supervisor or the Privacy Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this procedure will itself be considered a violation of this procedure that may result in disciplinary action up to and including termination of employment.

i HIPAA Code: §164.526(a)

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**Contact Office**

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TAMHSC Vice President of Finance and Administration





**Appendix A**

**PATIENT REQUEST FOR AMENDMENT OF RECORDS**

*You have the right to request that we amend most information in our records that may be used to make decisions about you and your treatment for as long as we maintain the information in our records. Please see our Notice of Privacy Practices for a more detailed description of your rights to request amendment of this information. To request an amendment to your records, complete and return the following request form.*

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ (daytime)  
\_\_\_\_\_ (evening)  
Email Address (optional): \_\_\_\_\_

**AMENDMENT REQUEST**

*Please answer the following questions. You may attach a separate page if more space is needed.*

**What information would you like to amend?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

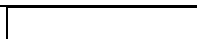
**How do you believe the information should be amended?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you believe the information should be amended? Your request may be denied if you do not provide a reason to support your request.**

**Is this request being made because of an emergency or other urgent situation? If so, please describe the nature of the emergency or urgency below and the date you need the information amended. We cannot guarantee that we will meet your deadline, but we will do our very best to accommodate reasonable requests.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*PATIENT ACKNOWLEDGEMENT AND SIGANTURE*

By signing below, I am requesting that the TAMHSC Health Care Component, (Clinic Name) amend my health information as I have requested and documented above.

\_\_\_\_\_  
Signature of Patient or Personal Representative Date

\_\_\_\_\_  
Print Name of Patient of Personal Representative Date

\_\_\_\_\_  
Description of Patient's Personal Representative Date

**For Internal Use Only:**

Date Received: (MO/DY/YR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition of Request: \_\_\_\_ GRANTED \_\_\_\_ DENIED \_\_\_\_ PARTIALLY DENIED

Patient Notified In Writing On This Date: (MO/DY/YR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Employee Processing This Request: \_\_\_\_\_



**APPENDIX B**

[Date]  
[Jane Doe]  
[Street Address 1]  
[Street Address 2]  
[City, State, Zip Code]

Re: Request For Amendment Of Protected Health Information

Dear [Ms. Doe]:

This letter responds to your request that we amend your health information, which we received from you on \_\_\_\_\_. We have been working hard to determine whether we can grant your request. We are usually able to process requests for amendment of records within 60 days. However, for the following reason, we need an additional 30 days to respond to your request.

- We are still working to access the information that you would like amended.
- We are still preparing the amendment you requested.
- We are working to verify whether the information is inaccurate and incomplete without the amendment you requested.
- We need more time because \_\_\_\_\_.

We expect to have a final answer for you no later than \_\_\_\_\_. If we need additional time, we will contact you again.

As always, we are committed to helping you assure that the information about you is kept accurate. Please contact the TAMHSC Health Care Component Privacy Official or Designee if you need additional assistance. Thank you for your assistance and patience in helping us achieve this goal.

**[TAMHSC Health Care Component]**  
[Privacy Official or Designee]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]

Regards,

[TAMHSC Health Care Component Privacy Official or Designee]

**APPENDIX C**

[Date]  
[Patient Name]  
[Street Address 1]  
[Street Address 2]  
[City, State Zip Code]

Re: Request to Amend Health Information

Dear [Patient Name]:

This letter responds to your request that we amend your health information, which we received from you on \_\_\_\_\_. We agree to make the amendment that you have requested. Your records will be updated accordingly.

If you agree, we will also notify other persons or organizations about this amendment that may rely on the original (un-amended) information they currently have in a way that may negatively affect you. In addition, we will notify other persons or organizations that you identify that may have the original (un-amended) health information.

Please contact the manager of the TAMHSC Health Care Component clinic if you would like us to notify these other persons or organizations for you. As always, we are committed to helping you assure that the information about you is kept accurate. Thank you for your assistance and patience in helping us achieve this goal.

[TAMHSC Health Care Component]  
[Privacy Official or Designee]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]

Regards,

[TAMHSC Health Care Component Privacy Official or Designee]

## APPENDIX D

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Denial of Request to Amend Information

Dear [Patient Name]:

This letter responds to your request that we amend your protected health information, which we received from you on \_\_\_\_\_. For the reasons stated below, we are denying your request.

- The request was not in writing.
- Your request did not explain why you believe we should make the amendment.
- The information you would like to have amended is not available in records that we use to make decisions about you or your treatment.
- The information you would like to have amended was not created by the TAMHSC Health Care Component. You may wish to ask the person or organization that created the information for an amendment.
- The information you requested cannot be amended because you are not entitled to inspect this information. The reason you are not entitled to inspect the information is \_\_\_\_\_.
- We believe that the information is not inaccurate and incomplete without the amendment you have requested.

You have the right to submit a statement explaining your disagreement with our decision to deny the amendment you requested. This statement must be in writing and should be no longer than 3 pages (typed or written). We will include your statement, or an accurate summary of it, any time we disclose to others the protected health information that you think should have been amended. However, we reserve the right to prepare a response to your statement of disagreement (called a “rebuttal statement”), which we may also include when we make future disclosures of the information that you think should have been amended. If you wish to exercise this right, please send your statement of disagreement to [insert name, title, address, and telephone number of the responsible contact person or department]. If you do not wish to submit a statement of disagreement, you may request that we include copies of your original amendment request, and copies of this denial notice, when we disclose to other persons the protected health information that you think should have been amended. We will include these documents, or an accurate summary of them, in any future disclosures of the information. To exercise any of these rights, please contact [insert name, title, address, and telephone number of the responsible contact person or department].

We hope that you will understand the reason that we have denied the amendment you requested. However, if you believe that we have improperly handled your request, you may file a complaint with us or with the Secretary of the Department of Health and Human Services; <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. To file a complaint with us, please contact [insert the name, title, address, and telephone number of the responsible person or department]. *No one will retaliate or take action against you for filing a complaint.*

**[TAMHSC Health Care Component]**

[Privacy Official or Designee]

[Street Address]

[City, State, Zip Code]

[Phone Number]

Regards,

[TAMHSC Health Care Component Privacy Official or Designee]

