



UNIVERSITY HOSPITAL

Newark, New Jersey

UNIVERSITY HOSPITAL POLICY

SUBJECT:	COMPLIANCE AND PRIVACY	TITLE:	REQUESTS FOR AMENDMENT OF INDIVIDUAL HEALTH INFORMATION		
CODING:	831-200-831	ADOPTED:	July 1, 2013	AMENDED:	
				REVIEWED:	

I. PURPOSE

To establish guidelines and a process for University Hospital (UH) to respond to patient requests for amendment of their individual health information.

II. ACCOUNTABILITY

The President/CEO, General Counsel, Chief Compliance and Privacy Officer and the Director of Health Information Management shall ensure compliance with this policy.

III. APPLICABILITY

This policy shall apply to "Protected Health Information" (PHI) or a record about a patient maintained in a "Designated Record Set" at UH.

IV. DEFINITIONS

A. Protected Health Information (PHI): Protected health information means individually identifiable health information that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual.

1. Except as provided in paragraph two (2) of this definition that is: a) transmitted by electronic media; b) maintained in electronic media; or c) transmitted or maintained in any other form or medium

2. Protected health information excludes individually identifiable health information in: a) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; b) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and c) Employment records held by a covered entity in its role as employer.

B. Designated record set - Medical or billing records about individuals maintained by or for a healthcare provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or records used in whole or in part by or for the provider to make decisions about individuals.

V. REFERENCES

A. 45 CFR 164.526, Code of Federal Regulations Title 45, Section 164, Part 526, Security and Privacy, Amendment of Protected Health Information.

- B. Uses and Disclosures of Health Information With and Without an Authorization Policy #831-200-954

The following policies provide additional and related information:

- C. Standards for Privacy of Individually Identifiable Health Information Policy #831-200-963
- D. Access of Individuals to Protected Health Information Policy #831-200-955

VI. POLICY

UH must maintain a process to enable patients or their representatives to request an amendment of their individual health information. Such requests must be made in writing and include a reason supporting the amendment.

A. Requirement:

An individual has the right to request an amendment of his or her health information. All requests must be submitted on UH's Request for Amendment Form (see attached) and provide a reason to support the amendment. UH's Notice of Privacy Practices informs individuals in advance of such requirements. An example of a Request for Amendment or Correction of Individual Health Information form can be accessed on the UH website:

B. Responsibilities:

1. A request may be denied if the health information that is the subject of the request meets the following conditions:
 - a. It was not created by UH, unless the originator is no longer available to act on the request.
 - b. It is not part of the individual's designated health record.
 - c. It would not be accessible to the individual for the reasons under UH policy, Access of Individuals to Protected Health Information, Policy #831-200-955.
 - d. It is accurate and complete.
2. UH must act on the individual's request for amendment no later than sixty (60) days after receipt of the request. UH may extend the time for action by no more than thirty (30) days provided the individual receives a written statement with the reason for the delay, and the date by which the amendment will be processed.
3. If the request is granted, the Chief Compliance and Privacy Officer must:
 - a. Insert the amendment or provide a link to the amendment at the site of the information that is the subject of the request for amendment.
 - b. Inform the individual that the amendment is accepted.
 - c. Obtain the individual's identification of and agreement to notify the relevant persons with whom the amendment needs to be shared.
 - d. Within a reasonable time frame, make reasonable efforts to provide the amendment to persons identified by the individual, and persons, including business associates, known to have the PHI that is the subject of the amendment and that may have relied on or could foreseeably rely on the information to the detriment of the individual.

4. If the request is denied, the Chief Compliance and Privacy Officer must provide the individual with a timely, written denial in plain language that contains:
 - a. The basis for the denial.
 - b. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement.
 - c. A statement that if the individual does not submit a statement of disagreement, the individual may request that his/her request for amendment and the denial be provided with any future disclosures of PHI.
 - d. A description of how the individual may complain to UH or to the Secretary of the United States Department of Health and Human Services (DHHS).
 - e. The name or title, and telephone number of the designated contact person who handles complaints.
5. The individual is permitted to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. UH may reasonably limit the length of a statement of disagreement.
6. UH may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, UH must provide a copy to the individual who submitted the statement of disagreement.
7. UH must, as appropriate, identify the record of PHI that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the denial of the request, the individual's statement of disagreement, if any, and the rebuttal, if any.
8. If a statement of disagreement has been submitted by the individual, any subsequent disclosure of the PHI to which the disagreement relates must include the material appended or an accurate summary of such information.
9. If the individual has not submitted a written statement of disagreement, any subsequent disclosure of PHI shall include the individual's request for amendment and its denial, or an accurate summary of such information, only if the individual has requested such action.
10. When a subsequent disclosure is made using a standard transaction that does not permit the additional material to be included, the required material may be separately transmitted.
11. The requisite UH entity that is informed by another of an amendment to an individual's PHI must amend the PHI in written or electronic form.
12. All UH entities must document the titles for the persons or offices responsible for receiving and processing requests for amendments.

APPROVALS BY:	NAME:	SIGNATURE:
President/CEO	James Gonzalez	
Interim Chief Compliance and Audit Officer	John W. Ras	
General Counsel	Paul Wermuth	
Director of Health Information Management	Irene Szczech	