| E C M C CORPORATION | Origination  | 04/2013 | Owner         | Laura Fleming:  |
|---------------------|--------------|---------|---------------|-----------------|
|                     | Last         | 03/2022 |               | Privacy Officer |
|                     | Approved     |         | Area          | HIPAA           |
|                     | Effective    | 03/2022 | Applicability | Erie County     |
|                     | Last Revised | 03/2022 |               | Medical Center  |
|                     | Next Review  | 03/2025 | References    | HIP-011         |
|                     |              |         |               |                 |

### **HIPAA** -Amendment of Protected Health Information

# I. Policy Purpose, Statement of Policy, and Policy Goals:

It is the policy of Erie County Medical Center Corporation (ECMCC) to provide individuals the right to amend their Protected Health Information according to this policy, and in accordance with the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations and applicable laws.

## II. Procedure

#### 1. Right to Make a Request:

A patient has the right to request an amendment of their Protected Health Information (PHI). ECMCC requires individuals to make requests for amendment in writing and to provide a reason to support a requested amendment.

- An individual shall fill out the Request for Amendment Form and attach a copy of the record they are requesting to be corrected/amendment and send in to the HIM department.
  - a. A request could come from a review of paper records or
  - b. A record found in the patients portal

#### 2. Time Frame for responding to a request:

ECMCC shall act on a request for amendment no later than 60 days after the receipt of the request.

- 1. ECMCC may extend the allowed time for responding to the request by no more than 30 days if:
  - a. ECMCC is unable to take action within the allowed time frame;
  - b. ECMCC, within the allowed time frame, provides a written statement of the

reasons for the delay and the date by which we will act on the request.

a. Note: ECMCC may use only one 30-day extension for a given request.

#### 3. Accepting the request

- a. If ECMCC accepts the requested in whole or in part amendment, it shall inform the individual and make reasonable efforts to inform and provide the amendment within a reasonable time to:
  - i. Persons identified by the individual as having received the protected health information and needing the amendment; and
  - ii. Persons, including business associates that this facility knows have the protected health information that has been amended and that may have relied on, or could conceivably rely on, such information to the detriment of the individual.
- b. A covered entity that is informed by another covered entity of an amendment to the individual's protected health information shall amend the protected health information in their designated record set.
- c. If ECMCC grants the request to amend the record, the amended information is added to the record; the original information is not replaced or deleted.
- d. Requests for amendment of an individual's protected health information shall be submitted to the Health Information Management (HIM) department.
  - Patients and/or authorized individuals need to fill out the Request for Amendment of Protected Heath Information Form.
  - ii. Authorized HIM staff will sign and date the form once received in HIM.
- e. The documentation required under this policy shall be retained, in written or in electronic form. See Retention, storage and destruction of Patient Medical Records, Documents, and Equipment, ADM -021

#### 4. Denying the request:

- a. ECMCC may deny the individual's request for amendment if we determine that the protected health information or record is accurate and complete.
- b. ECMCC may deny the individual's request for amendment if we determine that the protected health information or record set was not created by ECMCC, unless the individual provides a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment.
- c. ECMCC may deny the individual's request for amendment if we determine that the protected health information or record is not part of the designated record set.
- d. ECMCC may deny the individual's request for amendment if we determine that the protected health information or record would not be available for inspection. This is in accordance of 45 CFR § 164.524 Access of individuals to protected health information. See HIP – 003,Medical Record Release
- e. If ECMCC denies the request for amendment in whole or in part. ECMCC must

provide the patient with a timely, written denial. The notification must contain:

- i. The reason for the denial;
- ii. A statement that the patient has a right to submit a written statement disagreeing with the denial and an explanation of how the patient may file such statement;
- iii. A statement that, if the patient does not submit a statement of disagreement, the patient may request that ECMCC include the patients request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment;
- iv. A description of how the patient may file a complaint with the ECMCC or to the Secretary of the U.S. Department of Health and Human Services. The description must include the name or title and telephone number of the contact person for complaints.
- f. ECMCC may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, ECMCC must provide a copy to the individual who submitted the statement of disagreement.

## Reference:

45 CFR Section 164.526

ECMCC has developed these policies and procedures in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team in making clinical decisions about patient care. These policies and procedures should not be construed as dictating exclusive courses of treatment and/or procedures. No health care team member should view these documents and their bibliographic references as a final authority on patient care. Variations from these policies and procedures may be warranted in actual practice based upon individual patient characteristics and clinical judgment in unique care circumstances.

## **Approval Signatures**

| Step Description | Approver  | Date    |
|------------------|---|---------|
|                  | Brian Murray: Chief Medical<br>Officer                            | 03/2022 |
|                  | Joseph Giglia: Administration<br>Human Resources Chief<br>Officer | 03/2022 |
|                  | Nadine Mund: Corporate<br>Compliance Officer                      | 03/2022 |

# **Applicability**

**Erie County Medical Center** 

