

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No. HIPAA-19

Subject: PATIENT REQUESTS FOR
AMENDMENTS

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I. PURPOSE

To establish a policy and procedure for allowing a patient to amend health information maintained in the designated record set to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

SUNY Downstate will ensure that patient requests for amendment of their health information are reviewed in a timely manner and will grant or deny the requests appropriately as required by State and Federal law, professional ethics and accreditation agencies.

III. DEFINITIONS

Designated Record Set- A group of records that includes protected health information (PHI) and is maintained, collected, used or disseminated by or for a covered entity that is:

1. The medical records and billing records about a patient maintained by or for a healthcare provider; or

2. Used, in whole or in part, by or for the covered entity to make decisions about the patient.

IV. RESPONSIBLE

It is the responsibility of all HIM, Radiology, Student Health, Patient Relations, Social Services, Risk Management, medical staff, Medical Records Committee members and other hospital staff members, as appropriate, to comply with this policy. Medical staff members include physicians as well as allied health professionals.

V. PROCEDURE/GUIDELINES

A. Right to Information- Patients have a right to amend their health information:

1. Maintained in the designated record set;
2. For as long as the information is contained in the designated record set;
3. As long as the request is made in writing. Refer to Patient Request for Amendment of Health Information form attached to this policy. All requests for amendment of information should be referred to the Health Information Management Department (HIM). HIM staff will refer the request to the Radiology Department, Student Health or other department for records not maintained in HIM.
4. Appropriate staff must then contact the attending physician, in addition to Risk Management, to determine whether the request should be granted or denied.

B. Response Time- Appropriate staff should respond to patient amendment requests in an expeditious fashion and at the very latest, within 60 days from the date the request was received.

1. One time extension of 30 days may be granted in the rare circumstances that the department cannot respond within the timeframes above. However, under no circumstances may a response be given later than 90 days from the date the patient's request was received.
2. If an extension is needed, the appropriate department must notify the patient within the original 60 day timeframe to explain the reason for the delay and the date when the hospital expects to answer the patient's request. See Extension Notification form attached to this policy.

C. Granting Requested Amendments

1. Review of Information- Appropriate staff, in conjunction with the attending physician, should determine before granting the request whether:
 - a. The information that the patient would like to amend was created by SUNY Downstate. If not, the request can only be granted if it is determined that the person or organization that created the information is no longer available to respond to a request for amendment;
 - b. The patient would not be prohibited from inspecting the records under the policy Patient Requests for Access;
 - c. The amendment is appropriate; and
 - d. The current information is incomplete or inaccurate without the patient's requested amendment.

2. Patient Notification- Appropriate staff must notify the patient that the requested amendment is being granted. See Notice of Approval of Amendment attached to this policy.
 - a. Permission should be requested from the patient for SUNY Downstate to notify all others who have relied, or may rely, upon the original information in a way that would negatively affect the patient.
 - b. The patient should be given the opportunity to identify any additional individuals s/he would like SUNY Downstate to notify of the amendment.
3. Making Amendment- Attending physician should make the identified amendment in all places that the patient's PHI appears in the designated record set maintained by SUNY Downstate or any of its business associates. Ordinary procedures for correcting information contained in records should be followed.
 - a. If the document is entirely misplaced and does not belong in the patient's record, it may be removed and re-filed in the proper record.
 - b. If the document belongs in the patient's record but contains an error, attending physician should make a notation directly on the record that corrects the information without deleting the original entry.
 - c. If additional pages are required to correct the information, physician should make a notation on the original document directing the reader to the amendment pages. Where possible, the amendment pages should be physically attached to the original document.
 - d. If the information that needs to be amended is contained in an electronic format, physician should attempt to make the notation correcting the information without deleting the original entry or create a link to a location where the amended information can be found.
4. Notification of Others
 - a. If the patient agrees, appropriate staff must notify any person who have relied, or may rely, upon the original information in a way that may negatively affect the patient. The patient's agreement is not necessary to notify business associates.
 - b. Appropriate staff must notify any other person that the patient has stated should be notified.
5. Future Disclosures- Any future disclosures of the PHI that needed to be amended must include the amended information or a link to the amended information. Amended information may be separately transmitted in those instances where the information needs to be disclosed through a standard transaction.

D. Denying Requested Amendments

1. Reasons for Denial- A patient's request to amend his/her information may be denied under the following circumstances:
 - a. The request is not in writing;
 - b. The patient's request did not explain why s/he believes the amendment should be made.
 - c. The information requested is not contained in a designated record set maintained by SUNY Downstate or any of its business associates.
 - d. The information was not created by SUNY Downstate, unless there is reason to believe that the person who created the information is no longer available to fulfill the patient's request.
 - e. The patient would not be permitted to inspect the information for any of the reasons provided in the policy Patient Requests for Access.

- f. Appropriate staff, in conjunction with the attending physician and Risk Management, cannot determine that the information is inaccurate or incomplete without the requested amendment.
- 2. Notice of Denial- Appropriate staff must notify the patient of a denial within the specified timeframe. See Notice of Denial Letter attached to this policy.
 - a. Appropriate staff must indicate the grounds for the denial;
 - b. If the ground for the denial is that the patient would not be permitted to inspect the information, the notice must explain the reason the inspection is not permitted under the policy Patient Requests for Access.
 - c. If the requested amendment is only partially denied, appropriate staff must explain what portion of the amendment will be granted and what portion will be denied. The partial amendment may not be made without the patient's permission.
 - d. 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 others in the future.
- 3. Statement of Disagreement- After receiving the denial notice, the patient may submit a statement explaining his/her disagreement with the decision.
 - a. The patient's statement should be limited to two pages.
 - b. Appropriate staff, in conjunction with the attending physician, may prepare a rebuttal statement, if necessary, to clarify SUNY Downstate's position in denying the amendment 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.
- 4. Future Disclosures- Appropriate staff must physically attach or electronically link the following documents to the PHI that was the subject of the disputed amendment in every place that the information appears in the designated record set.
 - a. The documents may be separately transmitted in those instances where the information needs to be disclosed through a standard transaction.
 - b. A summary of the documents may be included in lieu of the original documents, although the patient's amendment request must always be included in its entirety.
 - c. These documents must also be included in any future disclosures of the patient's information:
 - i. Patient's written amendment request;
 - ii. SUNY Downstate's Notice of Denial
 - iii. Patient's statement of disagreement (if any);
 - iv. SUNY Downstate's rebuttal statement (if any).

E. Actions on Notices of Amendment- If another organization informs SUNY Downstate that it has granted a patient's request to amend the patient's PHI, Appropriate staff must amend the PHI in every place that it appears in the designated record set maintained by SUNY Downstate.

VI. ATTACHMENTS

Patient Request for Amendment of Health Information, Extension Notification, Notice of Approval of Amendment, Notice of Denial Letter.

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.526,
NY Public Health Law §18

	Revision	Required	Responsible Staff Name and Title
	Yes	No	Adeola O. Dabiri, Director of Regulatory Affairs
	Yes	No	
	Yes	No	
	Yes	No	



PATIENT REQUEST FOR AMENDMENT OF HEALTH INFORMATION

As our patient, you have the right to request that we amend most information in our records that may be used to make decisions about you or your treatment for as long as we maintain that information.

Patient Name: _____
Last Name First Name MI

Address: _____ Telephone: _____
_____ (daytime)
_____ (evening)

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.

If your request is being made because of an emergency, please state the date you need the information. We will do our best to accommodate your request: _____

By signing below, I certify that I am requesting that SUNY Downstate Medical Center University Hospital of Brooklyn amend my health information as stated above.

Print Name of Patient/ Personal Representative

Signature of Patient/ Personal Representative

Description of Personal Representative's Authority

Date

FOR SUNY DOWNSTATE USE ONLY- To be completed by appropriate staff member:

Date Request Received: (MM/DD/YY) ____/____/____

Disposition of Request:

☐ Granted

☐ Denied

☐ Partially Denied

Date Patient Notified of Response: (MM/DD/YY) ____/____/____

Name of SUNY Downstate Staff Member

Date



EXTENSION NOTIFICATION

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request For Amendment Of Health Information

Dear [Patient Name]:

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 within 60 days. However, for the following reason(s), 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 additional time is required, we will notify you again.

Please contact the _____ Department of SUNY Downstate Medical Center University Hospital of Brooklyn at (718)270-_____ if you have questions or concerns about this delay.

Sincerely,

_____ Department



NOTICE OF APPROVAL OF AMENDMENT

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request For Amendment Of 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 people 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 others that you identify that may have the original un-amended health information.

Please check the appropriate box(es) below and return within 10 days to:

SUNY Downstate Medical Center University Hospital of Brooklyn

Department of _____ - Box # _____

Correspondence Unit

450 Clarkson Ave.

Brooklyn, NY 11203

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.

TO BE COMPLETED BY THE PATIENT:

- ☐ Notify others that SUNY Downstate knows has my original health information that can negatively affect me.
- ☐ Notify others whom I know have the original information. Specify name(s), address and phone number(s):

Signature of Patient or Personal Representative

Date



NOTICE OF DENIAL LETTER

[Date]

[Patient Name]

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Denial of 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 _____. For the reasons stated below, we are denying your request:

- ☐ The request was not in writing.
- ☐ The 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 SUNY Downstate. 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 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 two (2) pages. 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:

SUNY Downstate Medical Center University Hospital of Brooklyn
Department of _____ - Box # _____
Correspondence Unit
450 Clarkson Ave.
Brooklyn, NY 11203

If you do not submit a statement of disagreement, we will include only your amendment request and this denial notice in any future disclosures of the information which you think should have been amended.

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 United States Department of Health and Human Services. To file a complaint with us, please contact the Department of Patient Relations at (718) 270-1111. *No one will retaliate or take action against you for filing a complaint.*

Sincerely,

_____ Department