Right to Request Amendment to PHI

APPLICABILITY:

This policy applies to the following entities (collectively referred to as "UNC Health Care System" or "UNCHCS" in this policy):

- UNC Health Care System/UNC Medical Center*
- UNC Physicians Network
- UNC Physicians Network Group Practices
- Rex Healthcare / Rex Hospital
- Chatham Hospital
- Caldwell Memorial Hospital
- UNC Rockingham Health Care / UNC Rockingham Hospital
- Johnston Health
- Lenoir Memorial Hospital
- Margaret R. Pardee Memorial Hospital
- Nash Healthcare System / Nash Hospitals
- Wayne UNC Health Care

*UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine UNC-Chapel Hill (including UNC faculty physicians).

I. Description

UNCHCS shall provide patients and/or their personal representatives the right to request that UNCHCS correct or amend protected health information (PHI) about the patient that is included in a designated record set.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNCHCS or any other healthcare entity.

II. Policy

A. Form. Upon a patient's request for amendment of his/her PHI, the patient shall be provided with the Request for Correction/Amendment of Protected Health Information Form.
B. **Review of Request by HIM.** Upon completion of the Request for Correction/Amendment of Protected Health Information Form by the patient, HIM staff will contact the appropriate health care provider to review the request. If the health care provider is no longer at the facility, then the request will be forwarded to the department chair/director of the former health care provider. If the amendment is for a change to billing records, the HIM staff will contact the appropriate manager in the UNCHCS Member Facility's patient financial services department.

C. **Amendment Requests that are Granted in Whole or Part.** If the request for amendment is granted, the following shall occur:

   1. The appropriate amendment of the PHI shall be made by identifying the documents that are affected by the amendment and appending or otherwise providing a link to the location of the amendment;
   2. The patient shall be informed that his/her amendment is accepted using the Response to Request to Amend Protected Health Information Form available from HIM/Medical Records; and
   3. The persons identified by the patient as having previously received the patient's PHI, and persons that may have relied or could rely on such information to the detriment of the patient, shall be timely informed and provided with copies of the approved amended records.
   4. If the amendment was accepted and if the information is in hard copy, the health information management department staff member will stamp ("see correction/amendment") and sign/date the record at the site of the information that is being corrected or amended.
   5. If the amendment is on a document that is in an electronic system only, the health care provider will dictate or directly enter the requested amendment and electronically sign the amendment.
   6. If the amendment is approved for a change to billing records, the health information management department staff will contact the appropriate manager in the UNCHCS Member Facility's financial services department (or equivalent) to facilitate that change.

D. **Timeframe for Review and Notification to Patient of Decision.** HIM shall inform the patient in writing of the decision to approve or deny the request no later than sixty (60) days after receipt of the completed request. If action cannot be taken within sixty (60) days, the deadline may be extended by an additional thirty (30) days if, within the initial sixty (60) days of receipt of the request, the patient is provided with a written statement describing the reasons for the delay and the date by which the requested amendment will be completed.

E. **A patient’s request for amendment may be denied under the following circumstances:**

   1. The PHI was not created by UNCHCS, unless the patient provides a reasonable basis to believe that the originator of the PHI is no longer available to respond to the amendment request;
   2. The PHI is not part of the patient's designated record set or Medical Record;
   3. The PHI would not be available for inspection pursuant to the Patient Right of Access to Inspect and Obtain a Copy of PHI Policy; or
   4. The PHI is accurate and complete.

F. **If the patient's request for amendment is denied, the denial shall be provided promptly to the patient in writing. The denial must:**

   1. Be made using an approved Response to Request to Amend Protected Health Information Form available from HIM/Medical Records;
   2. Be in plain language;
3. Contain the basis for the denial as set forth in Section 4.0 above;
4. Contain a statement of the patient's right to submit a written statement disagreeing with the denial;
5. Include the process for filing a disagreement with the UNCHCS Response to the Request for Amendment;
6. Contain a description of how the patient may file a complaint; and
7. Contain a statement that if the patient does not submit a Statement of Disagreement, the patient may request that the request for amendment and the subsequent denial be included with any future disclosures of the PHI that is subject to the requested amendment.

G. The patient shall be permitted to submit a written statement disagreeing with the denial of all or part of a requested amendment to his or her PHI. The length of the patient's statement of disagreement may be reasonably limited.

H. The entity's health information management department may also prepare a written rebuttal to the patient's statement of disagreement. Whenever a rebuttal is prepared, a copy shall be provided to the patient who submitted the statement of disagreement.

I. A patient's medical record will include copies of the following:
   1. All patient requests to amend his or her PHI and identification of PHI subject to any amendment;
   2. All denials of any patient requests to amend his or her PHI;
   3. All statements of disagreement submitted by the patient; and
   4. All rebuttals prepared by UNCHCS.

J. Any subsequent disclosure of the PHI to which the disagreement relates, or that has been the subject of a requested amendment that was denied, must include all requests to amend, denials, statements of disagreement and rebuttals. If such PHI is disclosed in a transaction that does not permit the additional material to be included with the disclosure, such information shall be transmitted separately to the recipient of the transaction.

K. If UNCHCS is informed by another covered entity of an amendment to a patient's PHI, the PHI maintained by UNCHCS records shall be amended.

L. For those requests for amendments that are routine and do not require a review from a health care provider (i.e. patient's name is spelled incorrectly or a date that can be verified is wrong) the health information management department staff or the treating provider has the authority to amend or correct the PHI.

III. Definitions

Designated record set - means:

a. A group of records maintained by or for UNCHCS that is:
   i. The medical records and billing records about individuals maintained by or for a covered health care provider;
   ii. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
   iii. Used, in whole or in part, by or for the covered entity to make decisions about individuals.

the term "record" means any item, collection, or grouping of information that includes protected health
information and is maintained, collected, used, or disseminated by or for UNCHCS.

IV. References

45 C.F.R. § 164.52

V. Related Policies/Forms

Request for Correction/Amendment of Protected Health Information Form

Patient Right of Access to Inspect and Obtain a Copy of PHI

Attachments:
No Attachments

Approval Signatures

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<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<tr>
<td>Jerylyn Williams: VP Chief Audit &amp; Comp Officer</td>
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<td>SYSTEM Site Administrator</td>
<td>Emilie Hendee: HCS-Sr Attorney</td>
<td>01/2019</td>
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<tr>
<td></td>
<td>David Behinfar: HCS-Privacy Dir</td>
<td>01/2019</td>
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Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash Health Care, UNC Health Care System,
UNCH Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC
Rockingham Health Care, Wayne Memorial Hospital