

Amendment of Protected Health Information

Effective Date: August 2018

Policy Statement

Columbia University Healthcare Component (CUHC) will comply with all applicable requirements regarding Patient Rights as granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and in accordance with applicable city, state, and federal laws and regulations.

Reason(s) for the Policy

The HIPAA Privacy Rule provides patients with specific rights related to their Protected Health Information (PHI), including the request to amend or correct their medical information.

Primary Guidance to Which This Policy Responds

HIPAA Privacy Rule 45 CFR §164.526

Responsible University Office & Officer

Health Information Management (HIM) Department, HIM Manager

Revision History

Issued: December 2009
Revised: July 2018
August 2018

Who is governed by This Policy

All CUHC workforce members

Who Should Know This Policy

All CUHC workforce members

Policy Text

1. The patient or legally authorized representative (LAR) will be advised to submit a request for amendment in writing using the "Request for an Amendment of Health Information" form. The patient or LAR should also indicate if they want the amendment to be sent to anyone to whom we may have disclosed this information in the past, and if so, the patient or LAR will be asked to specify the name, address and organization name.

2. Requests for corrections/amendments should be forwarded to HIM for review and processing. Requests will be recorded and tracked. Response time will be within sixty (60) days of the request (with no more than a thirty (30)-day extension if required).
3. HIM will notify the provider to review the request and documentation in question. The request may be denied:
 - a. if the information was not created by CUHC;
 - b. the information is not part of the individual's designated record set (see Legal Health Record and the Designated Record Set policy); or
 - c. the information is determined to be accurate and complete.
4. If the provider accepts the request they will execute the amendment/correction and reference the amendment at the appropriate site in the medical record and notify HIM.
5. If the provider denies the request they will indicate on the form one or more of the reason(s) as specified above and forward the form to HIM.
6. HIM will notify the patient or LAR if the request was denied or accepted.
 - a. If accepted, the patient or LAR will be advised that the amendment will be incorporated into their medical record.
 - b. If denied, the patient or LAR will be advised in writing and informed of their rights as follows:
 - i. To send a statement of disagreement which can be added to the medical record if the patient so indicates; and/or
 - ii. Request the original form be added to their medical record and included with any future disclosures that concern that portion of the information related to the section in question.
 1. If received, HIM will notify the provider of the patient's or LAR's statement of disagreement. The provider may prepare a rebuttal which will be incorporated into the medical record.
 2. The amendment documentation will be placed in the medical record.
7. The patient or LAR has the right to file a complaint if they are not satisfied with the response to their request. The patient or LAR may contact the Privacy Officer or file a formal complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Responsibilities

CUHC workforce members shall be informed about how to respond to a patient's or LAR's request for amendment or correction of their medical information. CUHC workforce members shall ensure an amendment request:

- Is in writing, dated and signed
- Specifies the information to be amended
- Includes a reason from the patient to support the amendment

Workforce members and departments must remember that a response is needed no later than 60 days after receipt of the request.

Definitions

Protected Health Information (PHI) is individually identifiable health information:

(1) Except as provided in section (2) of this definition, that is: (i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium (*includes paper and oral communications*).

(2) Protected health information excludes individually identifiable health information: (i) In education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) In records described at 20 U.S.C. 1232g(a)(4)(B)(iv); (iii) In employment records held by a covered entity in its role as employer; and (iv) Regarding a person who has been deceased for more than 50 years.

Columbia University Healthcare Component (CUHC) – Columbia University is a Hybrid Entity that has designated as its Healthcare Component (the Columbia University Healthcare Component) Columbia University Medical Center and the other colleges, schools, departments and offices of the University to the extent that they (i) provide treatment or health care services and engage in Covered Transactions electronically or (ii) receive Protected Health Information to provide a service to, or perform a function for or on behalf of, the Columbia University Healthcare Component.

Workforce includes faculty, staff, students and other individuals whose conduct, in the performance of work for CUHC is under the direct control of the organization.

Contacts

Health Information Management, Manager

Tel: (212) 305-6280

Email: ColumbiaDoctors-HIM@cumc.columbia.edu

Request for Correction/Amendment of Protected Health Information

Date of Request: _____ MRN: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Phone Number: () _____ - _____

Date of Entry to be Amended: _____

Type of Entry to be Amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?
(use additional paper if more room is needed to explain)

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If yes, please specify the name and address of the organization or individual below.

Name and Address

Signature of Patient or Legal Representative

Date

For Organization Use Only:

Date Received by HIM: _____

Denied: Accepted:

If denied, check reason for denial:

- PHI was not created by ColumbiaDoctors
- PHI is not part of the patient's designated record set
- PHI is accurate and complete
- PHI is not available to the patient for inspection as required by federal law (e.g., psychotherapy notes)

Name of staff member or Healthcare Practitioner

Title

Signature of staff member or Healthcare Practitioner

Date

Place a copy of this form in the patient's record