AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI) POLICY

POLICY
Amendment of Protected Health Information (PHI)

PURPOSE
It is the responsibility of Saint Louis County Department of Health (DOH) to ensure that the records of individually protected health information are accurate and complete. It is also the policy of Saint Louis County DOH to recognize the rights of patients to amend protected health information pertaining to them in a designated record set, if the patients believes that information is incomplete or incorrect as referenced in 45CFR section 164.526. Saint Louis County DOH further recognizes that amendments to protected health information may be limited to or restricted as defined in this policy, in the 6.10 Notice of Health Information Practices and as allowed by law. In cases where the patient has been civilly adjudicated as incapacitated (therefore appointed a guardian) or is a minor, the parent (if a minor), or legal guardian or personal representative may request the amendment.

APPLICATION
Saint Louis County DOH, its facilities and workforce.

DEFINITIONS
1. **Patient**
   Any individual who has received or is receiving services from the Saint Louis County DOH.
2. **Designated Record Set**
   A group of any records under the control of a covered entity from which PHI is retrieved by name of the individual or by identifying numbers.
3. **Personal Representative**
   A person with a court order appointing them as guardian or with a valid power of attorney (POA) signed by the patient specifying the authority to review and make decisions regarding medical concerns. In cases of minors who have consented to treatment for alcohol and drug abuse, family planning, STD, and pregnancy as allowed under law, they are their own personal representatives.
4. **Protected Health Information (PHI)**
   Individually identifiable health information that is:
   A. Transmitted by electronic media,
   B. Maintained in any medium described in the definition of electronic media, or
   C. Transmitted or maintained in any other form or medium.
5. **Identifiable Health Information (IHI)**

Any information whether oral or recorded in any form or medium including information that:

A. Is created or received by a healthcare provider, health plan, employer or health care clearinghouse and  
B. Relates to the past, present, or future physical or mental health or condition of an individual or  
C. Past, present or future payment for the provision of health care to an individual.

6. **Disclosure of PHI Summary**

An accounting of disclosures of PHI (in paper or electronic format) containing, date of disclosure, name of person who has received the PHI, a brief description of the information disclosed, and purpose for which the PHI was disclosed.

**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)**

- A patient, parent of minor, and personal representative or legal guardian who believes information in their health record is incomplete or incorrect may request an amendment or correction of the information as outlined below:
  1. For minor discrepancies (i.e. typos, misspelled name, wrong date) the patient or legal representative may point out the error and request for the appropriate corrections to be made.  
  2. The entry can be corrected by drawing a single line through the error, adding a note of explanation (such as “wrong date” or “typos”) date and initial it, and make the correction as close as possible to the original entry in the record.

- All other requests for amendments to PHI shall be in writing and provide a reason to support the amendment. Any request should be supported by documentation of any incorrect information or incomplete information.
  1. The 6.6.1 Request for Amendment of Protected Health Information (PHI) Form shall be provided to the patient, parent, or legal representative upon request.  
     A. All requests for amendment(s) of PHI must be forwarded to the Privacy Officer or designee of each health center, who will route it to the appropriate staff to determine if the 6.6.1 Request for Amendment of Protected Health Information PHI is justified.  
     B. This request shall be processed in a timely manner according to the established timeframes but not more than sixty (60) days after receipt of the request.  
     C. If the 6.6.1 Request for Amendment of Protected Health Information (PHI) Form cannot be processed within sixty (60) days the timeframe may be extended no more than an additional thirty (30) days with the notification in writing to the individual outlining the reason for the delay and the date the request will be concluded.
D. If a patient with a guardian requests an amendment, a letter is to be sent to the
guardian stating that the patient is requesting an amendment. The guardian
will then be asked to complete the **6.6.1 Request for Amendment of Protected
Health Information (PHI) Form** on behalf of the patient.

- If the request is granted the facility shall:
  1. Inform the patient; parent, guardian or legal representative that the amendment was
     accepted.
  2. Insert the amended documentation in the same section of the original information.
  3. Obtain an authorization from the patient or legal representative to notify all relevant
     persons with whom the amendment needs to be shared (business associates, or any
     party who has been provided PHI).
  4. Make reasonable efforts to provide the amendment to those identified as relevant
     persons with whom information should be shared. A reasonable effort is defined as
     attempts to complete the process within sixty (60) days of the amendment to the
     record.
  5. If the amendment affects a service for which billing or a charge has already been
     submitted, then the bill must be reviewed to see if it should be amended to reflect
     the amended information.

**DENIAL OF REQUEST FOR AMENDMENT OF PROTECTED HEALTH
INFORMATION (PHI)**

- A facility may deny the request for amendment to protected health information (PHI) if the
  health information that is the subject of the request:
  1. If the information was not created by the facility,
  2. If the information is not part of the medical information kept by or for the facility,
  3. If the information is not available for inspection or copying or
  4. If the information is accurate and complete.

- If the facility denies the requested amendment, it must provide to the patient, parent,
guardian or legal representative with a timely, written denial, in plain language that contains:
  1. The basis for the denial,
  2. The patient’s or legal representative’s right to submit a written statement disagreeing
     with the denial and how the patient may file such a statement,
  3. The name, title, address and telephone number of the person to whom a written
     statement of disagreement should be addressed,
  4. A statement, that if the patient does not submit a written statement of disagreement,
     the individual may request that the facility provide the individual’s **6.6.1 Request for
     Amendment of Protected Health Information (PHI) Form** and the denial with any
     future disclosures of the PHI that is the subject of the amendment, and
  5. The steps to file a complaint with the Secretary of Health and Human Services
     (HHS).
A STATEMENT OF DISAGREEMENT OF DENIAL

- The patient, parent, guardian or legal representative shall be permitted to submit to the facility a written statement disagreeing with the denial of all or part of a requested amendment and the basis for the disagreement. The statement should be limited to one page.
  1. The statement of disagreement shall be submitted to the Saint Louis County Counselors Office.
  2. The facility may prepare a written rebuttal to the statement of disagreement and must provide the patient with a copy of it.
  3. The facility must identify the PHI that is the subject of the disputed amendment and append or link to individual’s 6.6.1 Request for Amendment of Protected Health Information (PHI) Form, the facility’s denial of the request, the individual’s statement of disagreement, if any, and the facility’s rebuttal, if any.
  4. If a statement of disagreement was submitted by the individual, the facility must include the materials appended with any subsequent disclosure of PHI related to the disagreement.
  5. If the patient has not submitted a statement of disagreement, the facility must include the 6.6.1 Request for Amendment of Protected Health Information (PHI) Form, the denial and any accurate summary of information relative to the request with any subsequent disclosures.
  6. The following shall be linked and submitted the County Counselor’s Offices for final review:
     A. 6.6.1 Request for Amendment of Protected Health Information (PHI) Form,
     B. Denial of the request,
     C. Any written rebuttal or summaries relative to the initial denial of the request, and
     D. The statement of disagreement by the patient.
  7. A final decision will be determined by the County Counselor’s Office.
  8. The final results will be sent to the patient, parent, guardian or legal representative in writing.
  9. Steps to file a complaint with the Secretary of Health and Human Services (HHS) must be provided to the patient, parent, guardian or legal representative.

Office for Civil Rights
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

SANCTIONS
Failure of staff to comply or assure compliance with this policy may result in disciplinary action up to and including dismissal.