



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Patient's Request to Amend
The Designated Record Set

Policy No: 3.11.305
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Effective Date: 041403
Board Motion No:

TITLE: PATIENT'S REQUEST TO AMEND THE DESIGNATED RECORD SET

PURPOSE:

The purpose of this policy is to provide guidance for processing patients' requests to amend information contained within their Designated Record Set (DRS), identify circumstances when a request may be denied, and to outline the process for filing a complaint, appeal, or review of the denial of the request.

This policy supports the District's HIPAA policy and may require development of department specific procedures.

[Key words: Designated Record Set, Protected Health Information (PHI), Amendment]

POLICY STATEMENT:

Pursuant to Federal and state Privacy laws, Harris County Hospital District will process a patient's request to amend his/her Protected Health Information contained within the Designated Record Set within the specified time frame. The request to amend the patient's Designated Record Set must be submitted in writing. Amendments to clinical information must be approved by the Clinician/author. HCHD will respond to each request to amend the medical record in writing.

POLICY ELABORATION:

I. DEFINITIONS

- A. Business Associate - is a person or entity that provides certain functions, activities, or services for or to a Covered Entity involving the use and/or disclosure of PHI.
- B. Designated Record Set (DRS) - means a group of records maintained by or for the District that is:



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1. The medical and billing records about patients,
2. The enrollment, payment, claims adjudication and case or medical management record systems maintained by or for a health plan, or
3. Used, in whole or part, by or for the Covered Entity to make decisions about patients.

For purposes of this definition, the term "Record" means any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for the facility; the term "Record" includes (a) patient information originated by another healthcare provider and used by the facility to make decisions about the patient, and (b) tracings, photographs, videotapes, digital and other images that may be recorded to document care of the patient.

- C. Protected Health Information (PHI) is Individually Identifiable patient Health Information in any form, including demographic information, that is created or received by a healthcare provider, and relates to the patient's healthcare condition, provision of healthcare, or payment for the provision of healthcare.
- D. Patient's Personal Representative is a person with authority under the law to act on behalf of the patient.
- E. Record Custodian is an individual designated by HCHD who is responsible for the safekeeping, maintenance, and release of PHI.
- F. Clinician-author is a licensed health care professional approved to document in the patient's medical record.



II. RESPONSIBILITY FOR PROCESSING AMENDMENT REQUESTS

It is the responsibility of the designated Record Custodian to receive and process requests for Amendment of PHI contained in the DRS.

- A. The Health Information Management Department will receive and process requests for Amendment of patient medical records.
- B. The Patient Business Services Department will receive and process requests for Amendment of patient billing records.
- C. Requests for Amendment of other types of PHI contained in the Designated Record Set will be routed to the appropriate Record Custodian.

III. SUBMISSION OF AMENDMENT REQUESTS

- A. The patient, or the patient's Personal Representative, may request an Amendment of the patient's PHI or a record about the patient, that is maintained in a DRS.
- B. A request must be in writing and must be delivered in person, by facsimile, or by mail if it pertains to a medical record (Attachment A – Request for Amendment of the Designated Record Set).
- C. A request may be verbal or written, depending on the payer source, if the request pertains to the billing record (Attachment A – Request for Amendment of the Designated Record Set).

IV. PROCESSING OF AMENDMENT REQUESTS



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- A. The Designated Record Custodian will review the request for Amendment and either approve or deny the request.
- B. Upon receipt of the request for Amendment, the Record Custodian will verify the identity of the requestor either with a picture ID or a comparison of signatures in the Designated Record Set. Proof of the Personal Representative's right to make the request must be provided in accordance with Harris County Hospital District policy.
- C. Requests to amend patient medical records contained in the DRS will be submitted to the Clinician-author of the record. The Clinician-author of the record will review the request, determine agreement or disagreement with the proposed amendment and inform the Record Custodian of the Clinician-author's determination. However, Amendment of patient's demographic information (such as spelling of name, address, date of birth, insurance information) is not subject to review of the Clinician-author or person who gathered the information, and will be amended per Harris County Hospital District procedures for correcting errors in records (HIM Policy No. AF4007, Correction of Errors Made In The Medical Record).
- D. Within 60 days of receipt of the written request, the Record Custodian will notify the requestor in writing of the decision to deny or approve the Amendment. If a decision cannot be made within 60 days, the response time may be extended up to an additional 30 days. Within 60 days of the receipt, the Hospital District must provide a written notice to the requestor describing the reasons for the delay and indicating the date by which Harris County Hospital



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District will act on the request. (Attachment B: Delay in Processing Request to Amend the Designated Record Set). A copy of this notice will be included in the patient's medical records. Harris County Hospital District is entitled to only one extension.

- E. A copy of the request for Amendment will be given to the patient, or the patient's Personal Representative.

V. APPROVAL OF AMENDMENT

- A. If the Designated Record Custodian approves the requested Amendment, he/she will:
 - 1. Identify records in the DRS affected by the Amendment and append or otherwise provide a link to the location of the Amendment.
 - 2. Assure the Clinician-author of the medical record validates the requested changes and dictates or writes the Amendment in the patient's medical record.
 - 3. Notify the patient in writing that the request for Amendment has been accepted.
 - 4. Obtain the patient's written approval that the following individuals be provided the amended PHI:
 - a. Persons identified by the patient as having received the PHI and needing the Amendment; and
 - b. Persons, including Business Associates, whom Harris County Hospital District knows, have received the PHI that is the subject of the Amendment and may have relied or could foreseeably rely on the PHI to the detriment of the patient.
 - 5. Provide the amended PHI to the above listed persons.



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6. If applicable, amend the patient's billing records to reflect the correct or additional information.

VI. DENIAL OF AMENDMENT

- A. A request for Amendment may be denied if the PHI or record subject to the request meets one or more of the following criteria:
 1. It was not created by Harris County Hospital District, unless the requestor provides a reasonable basis to believe that the originator of the PHI or record is no longer available to act on the requested Amendment
 2. It is not a part of the Designated Record Set.
 3. It would not be available for inspection under Federal law, (e.g., PHI is information compiled for use in criminal, civil, or administrative actions; information prohibited from disclosure under the Clinical Laboratory Improvement Amendments of 1988, 42 U.S.C. §263a, or exempt from the Clinical Laboratory Improvement Amendments.)
 4. It is accurate and complete as written.
- B. If Harris County Hospital District/Clinician-author desires to deny the Amendment request, the Record Custodian must send a notice of denial to the requestor (Attachment C - Letter of Denial for Request to Amend the Designated Record Set). A denial must be written in plain language and contain:
 1. The reason for the denial,



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2. A statement describing the patient's right to submit a written statement of disagreement and the process for submitting such statement,
 3. A statement explaining that if the patient does not submit a statement of disagreement, the patient may request that Harris County Hospital District provide the patient's request for Amendment and the denial with any future Disclosures of PHI that is subject to the Amendment,
 4. A description of how the patient may complain to Harris County Hospital Districts' Privacy Officer and/or to the Secretary of the Department of Health and Human Services. Complaints to the Privacy Officer should be addressed as follows:
Harris County Hospital District
c/o Privacy Officer
2525 Holly Hall Drive
Houston, TX 77097
(713) 566-6097
- C. A copy of the denial notice and the request for amendment will be placed in the patient's medical or billing record.

VII. PATIENT'S RIGHT TO SUBMIT A STATEMENT OF DISAGREEMENT

- A. The requestor may submit a statement of disagreement with the denial of the request for Amendment. The statement should explain the basis for the disagreement and be submitted to the Harris County Hospital District Privacy Officer.



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- B. Upon receipt of the statement of disagreement, the Privacy Officer, or designee, will review the statement, gather any necessary additional information and, if applicable, discuss with the Clinician–author and respective Chief of Staff and make a determination on the disagreement with the request for Amendment.
- C. If Harris County Hospital District agrees with the statement of disagreement, the requestor will be notified and the requested Amendment will be made in accordance with this Policy.
- D. If Harris County Hospital District disagrees with the statement of disagreement, a rebuttal notice may be prepared and sent to the requestor. If Harris County Hospital District does not prepare a rebuttal notice, Harris County Hospital District will notify the requestor of the denial of the statement of disagreement.
- E. A copy of the rebuttal and statement of disagreement will be maintained in the patient's medical and/or billing record, as applicable.

VIII. RECORD KEEPING

Harris County Hospital District must maintain in the patients Designated Record Set all documentation pertaining to the Amendment, approval, denial or disagreement.

IX. FUTURE DISCLOSURES



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- A. If a statement of disagreement was submitted as part of the Amendment process, any subsequent Disclosure of PHI related to the disagreement must include the request for Amendment, the denial, the statement of disagreement, and the rebuttal, if any, or an accurate summary of this information.
- B. If a statement of disagreement was not submitted, Harris County Hospital District will provide the request for Amendment and the denial, or a summary of this information, with any subsequent Disclosure of PHI only if the patient submitted a written request for such action after receiving the denial.
- C. As permitted by law, the Designated Record Custodian may separately transmit the documents listed above in paragraphs a. and b. when any future Disclosure of related information is accomplished via standard electronic transactions that do not permit the additional material to be included with the Disclosure.

X. RECEIPT OF NOTICES OF AMENDMENT FROM OTHERS

- A. If the Record Custodian receives notification from another covered entity that a patient's PHI has been amended, s/he will incorporate the amended information into the patient's record.
- B. The Amendment becomes a part of the Designated Record Set.



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XI. RECORD RETENTION

All requests, responses, denials, statements of disagreement, rebuttals, and Amendments will be retained in the patient's medical record and/or billing record for six (6) years from the date of creation, or as long as the Designated Record Set is maintained, whichever is longer.

REFERENCES/BIBLIOGRAPHY:

- Policy 3.11.000, HCHD HIPAA Policy
- HIM Policy No. AF4007, Correction of Errors Made In The Medical Record

OFFICE OF PRIMARY RESPONSIBILITY:

Office of Privacy Administration.

REVISION HISTORY:

Record revisions below:

Effective Date	Version	Approved by:

**Harris County Hospital District
Request for Amendment of Protected Health Information**

Patient Name:

Medical record #: _____ Patient Account #: _____
Address: _____
Phone number: (H) _____ (W) _____

Description of information to be amended:

Dates of the information to be amended (date of clinic visit, date of Emergency Room visit, etc...)

What is the reason for requesting amendments?

How should the records be stated, i.e., what are the requested amendments?

Signature of Patient or Personal Representative

Date

For Harris County Hospital District Use Only:

Date Received _____

Amendment has been: Accepted Denied

If denied, check reason for denial:

- PHI was not created by HCHD
- PHI is not a part of patient's Designated Record Set
- PHI is not available to the patient for inspection as required by Federal law (e.g. information used for civil action)
- PHI is accurate and complete

Comments of Healthcare Practitioner (Clinician-author):

Signature of Healthcare Practitioner

Date

Top copy: Medical Record or Billing Record of Patient **Second copy:** Author **Bottom copy:** Requestor

Please send request to:

Medical Record Amendments

Attention:
Record Custodian, HIM

2525 Holly Hall
Houston, TX 77054

Financial Record Amendments

Attention:
Record Custodian, Patient
Business Services
2525 Holly Hall
Houston, TX 77054

or call: (713) 566-6600

**Harris County Hospital District
Delay in Processing Request to Amend the Designated Record Set**

Date

[Patient or Personal Representative]

Address

City, State, ZIP Code

Dear (Patient's/Personal Representative's Name):

Your request for an amendment of your health records, dated _____, is still under consideration. We are experiencing a delay in responding to your request because

_____ and we will act upon your request within the next 30 days.

We will notify you of our decision by _____ (date).

Sincerely,

HIM Director, Business Office Director, or Record Custodian Representative

cc: Medical or Billing Record of Patient

Harris County Hospital District
Letter of Denial for Request to Amend the Designated Record Set

Date
Patient or Personal Representative
Address
City, State, ZIP Code

Dear (Patient's/Personal Representative's Name):

This is to inform you that your request to amend information in your medical or billing records is being denied because this information:

- Was not created by Harris County Hospital District.
- Is not part of the medical information kept by or for Harris County Hospital District.
- Is not part of the medical information that you would be permitted to inspect and copy.
- Is accurate and complete.

If you disagree with our conclusion, you may file a statement of disagreement with the Privacy Officer at Harris County Hospital District. Submit your written statement of disagreement to:

Harris County Hospital District
c/o Privacy Officer
2525 Holly Hall
Houston, Texas 77054
(713) 566-6097

- If Harris County Hospital District does not agree with your statement of disagreement, we may provide you with a rebuttal to your statement of disagreement.
- If you do not wish to submit a written statement of disagreement, you may still request that we provide your request for amendment and our denial with any further disclosures of the protected health information that you requested to amend. Submit your written request to the Record Custodian.

Should you wish to file a complaint regarding this issue, you may submit your complaint in writing to the Privacy Officer at Harris County Hospital District. You may also file a complaint with the Secretary of the Department of Health and Human Services.

Signature of Harris County Hospital District's Representative

Original to Requestor

Copy to Patient's Medical and/or Billing Record