

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Request for Amendment or Addendum of PHI**Policy Number:** 950-02-026

Responsible Officer:	Chief Compliance and Privacy Officer
Responsible Office:	Compliance Advisory Services
Origination Date:	06/2013
Date of Revision:	08/2022
Scope:	All UCR Health Practice Sites

I. Policy Summary

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule provides patients with the right to request to have a provider amend the patient's information in a designated record set for as long as the PHI is maintained in the designated record set. The provider must review the request for amendment and respond back to the patient with a decision as to whether or not the amendment will be accepted.

California Health and Safety Code § 123111 provides patients the right to provide a health care provider a written addendum of up to 250 words with respect to any item or statement in his or her health care record that the patient believes to be incomplete or incorrect. The addendum must be added to the patient's record without comment by the provider, and included with future disclosures of the referenced information.

II. Definitions

A. Designated Record Set: A group of records maintained by or for UCR Health that is comprised of:

1. Medical and billing records about an individual patient,
2. Enrollment, payment, claims adjudication and case or medical management record systems maintained by or for a health plan; or
3. Information used in whole or in part by or for UCR health to make decisions about an individual patient.
4. Refer to Legal Medical Record Policy 950-02-022.

B. Protected health information (PHI) - Any individually identifiable health information regarding a patient's medical or physical condition or treatment in any form created or collected as a consequence of the provision of health care, in any format including verbal communication.

III. Policy Text

A. UCR Health will provide patients with a process to request amendments to their protected health information as outlined in Notice of Privacy Practices. All

requests must be in writing and must be submitted to Compliance Advisory Service.

- B.** UCR Health will act on a patient's request for an amendment no later than 60 days after receipt of such request. If, however, UCR Health is unable to act on the amendment request within 60 days upon receipt of such request, then the healthcare provider may extend the time for action by no more than 30 days.
- C.** UCR Health is not required to amend health information if:
 - 1. UCR Health did not create the information.
 - 2. The information is accurate and complete.
 - 3. The patient does not have the legal right to access the protected health information.
 - 4. The protected health information the patient wants amended is not part of the designated record set.
- D.** If the patient requests an addendum to their record, the addendum will be added to the patient's medical record without comment.
- E.** Copies of amended records will be sent to any third parties requested by the patient and will be included with future permitted or authorized disclosures of the designated record set.

IV. Procedures

Roles and Process of Submitting and Responding to Amendment Requests:

A. Medical Correspondence

- 1. The patient, or the patient's legal representative, may submit a written request for their healthcare provider to amend PHI that is held in a designated record set.
- 2. All requests are to be directed to: **University of California Riverside School of Medicine, Compliance Office, 900 University Avenue, Riverside, California 92521.**
- 3. Upon receipt of the patient's request to amend the PHI, the name of the patient and the location the patient received services will be identified.
- 4. The request to amend the PHI will be entered into the Compliance case management system. All requests for amendments and all correspondence relating to the request will be retained as outlined in Records Retention policy 950-02-021.
- 5. The protected health information will be forwarded to the healthcare provider who created the PHI to review.

B. Healthcare Provider

- 1. The healthcare provider will review the PHI and the patient's request for amendment.

2. If the healthcare provider agrees to amend the PHI, either in whole or in part, the provider will make the appropriate amendment to the PHI or record what is the subject of the request. At a minimum, the healthcare provider will identify the records in the designated record set that are affected by the amendment and append or otherwise provide a link to the location of the amendment.

C. Correspondence

1. The Compliance Advisory Services Department will notify the patient whether the request for amendment has been accepted or whether the request for amendment has been denied.
2. For accepted requests, the Compliance Advisory Services Department will obtain the patient's identification of individuals to whom the amended record should be forwarded. The "Request to Amend Protected Health Information" (Appendix A) form, if properly completed will fulfill this requirement.
3. UCR Health will make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - a. Persons identified by the patient as having received PHI needing the amendment, and
 - b. Persons, including Business Associates, which the provider knows has the PHI that is the subject of the amendment and may have relied, or could have foreseeable rely, on such information to the detriment of the patient.

D. Healthcare Provider

1. The healthcare provider can deny the request to amend a record in the following instances:
 - a. The PHI the patient wants amended is accurate and complete.
 - b. If the healthcare provider determines that UCR Health did not create the PHI that the patient wants amended. Unless, the patient provides a reasonable justification that the originator of the PHI is no longer available to act on the request.
 - c. The PHI the patient wants amended is not part of the designated record set.
 - d. The PHI the patient wants amended is not information that the individual has the right to access.
2. If the healthcare provider denies the requested amendment, in whole or in part, UCR Health will provide the patient with a written denial in plain language that includes:
 - a. An explanation for the reason for the denial,
 - b. The patient's right to submit a written statement disagreeing with the denial,
 - c. Information on how the patient can submit the statement of disagreement, and

- d. A statement that if the patient does not submit a statement of disagreement, they have the right to request that UCR Health provide the patient's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment.
3. The form "Statement of Disagreement/Request to include Amendment Request and Denial with Future Disclosure" (Appendix B) can be provided to the patient in the event the patient wishes to submit a disagreement.
4. If the patient submits a statement of disagreement, UCR Health may prepare a written rebuttal to the patient's statement
5. of disagreement.
6. The patient may submit a written statement disagreeing with the denial and the basis of the disagreement.
7. The healthcare provider may prepare a written rebuttal to the patient's statement of disagreement. A copy of the rebuttal will be provided to the patient.

E. Correspondence

1. If a statement of disagreement has been submitted by the patient, Health Information Management will include the statement with any subsequent disclosure of the PHI to which the disagreement relates.
2. If a statement of disagreement is not submitted by the patient, Health Information Management will include the request for amendment and the denial with any subsequent disclosure of the PHI (but only if the patient has requested that the healthcare provider does this).
3. If the provider who created the PHI is no longer with UCR Health, the request will be forwarded to the direct supervisor of the originator of the note for determination of the accuracy and completeness of the information.
4. A response to the request for amendment of the PHI must be provided to the patient within 60 days from the date of the patient's request. If UCR Health is unable to respond to the patient's request within that time frame, a letter must be sent to the patient explaining that UCR Health cannot respond to their request within the 60 days, the reasons for the delay and provide an expected date that the response will be provided to the patient.
5. However, the final response to the patient cannot be delayed beyond 30 days from the date the response was originally due to be provided to the patient.
6. If a notice of amendment is received from another healthcare provider, health plan or clearinghouse, the amendment will be filed with and/or a link provided from the PHI to the location of the amendment. The amended information will be included with all future permitted or authorized disclosures of the PHI.

Roles and Process of Submitting and Responding to Addendum Requests:**A. Correspondence**

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1. The patient also has the right to request an addendum of up to 250 words be added to their medical record under State law.
2. The addendum will be added to the medical record without comment.
3. The addendum will be forwarded to any third party that the patient authorizes to receive the addendum.
4. The addendum will be included with all future permitted or authorized disclosures of the medical record to which the addendum applies.
5. The addendum will be added to the Medical Record as described in the UCR Health policy "Legal Medical Record."

V. Forms/Instructions

Appendix A: UCR HEALTH REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Appendix B: UCR HEALTH STATEMENT OF DISAGREEMENT/REQUEST TO INCLUDE AMENDMENT REQUEST AND DENIAL WITH FUTURE DISCLOSURE

VI. Related Information

California Health and Safety Code §123111

Health Insurance Portability and Accountability Act 42 CFR 164.526


VII. Revision History

04/2011

06/2013

08/2022


Approvals:

DocuSigned by:

 BC5CF44DC0494EA...

 PAUL HACKMAN, J.D., L.L.M.
 CHIEF COMPLIANCE AND PRIVACY OFFICER,
 SCHOOL OF MEDICINE

8/11/2022 | 5:30 PM PDT

 DATE

DocuSigned by:

 870C12B416E84CB...

 DEBORAH DEAS, M.D., M.P.H
 VICE CHANCELLOR, HEALTH SCIENCES
 DEAN, SCHOOL OF MEDICINE

8/11/2022 | 7:20 PM PDT

 DATE

Policy Number: 950-02-026

**Appendix A
UCR HEALTH
REQUEST TO AMEND PROTECTED HEALTH INFORMATION**

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Medical Record #: _____

What protected health information do you want changed? Please include reasons to support your request (required):

If we decide to change the health information as you requested, we will send the change to any person who received the information before it was changed. Please list any persons who need the changed information:

Do not send to anyone Send to the following (list names, addresses and phone#)

Please note: UCR Health cannot amend your Protected Health Information (PHI) if:

1. The information is accurate and complete.
2. You do not have the legal right to access the protected health information you want changed.
3. We did not create the information, unless the covered entity that created the information is unavailable to act on your request to change it. (If this is the case, please explain above).

(Signature of Patient or Representative) *Date*

(Please print name) *Relationship to patient (if other than patient)*

When you have completed this form, please return it to: **University of California Riverside, School of Medicine, Compliance Department, 900 University Avenue, Riverside, California 92521.**

We will respond to your request within 60 days of receipt

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Appendix B

**UCR HEALTH
STATEMENT OF DISAGREEMENT/REQUEST TO INCLUDE AMENDMENT REQUEST AND
DENIAL WITH FUTURE DISCLOSURE**

Name: _____ Date: _____

Date of Birth: _____ Phone Number: _____

Address: _____

I understand that UCR Health denied my request to change my protected health information. My request was dated: _____

STATEMENT OF DISAGREEMENT

I want to file this "Statement of Disagreement." I disagree with the denial because:

I understand that UCR Health may prepare a written rebuttal to my Statement of Disagreement. A "rebuttal" is a statement of why the hospital thinks my Statement of Disagreement is wrong. If the hospital prepares a written rebuttal, I will receive a copy.

REQUEST TO INCLUDE AMENDMENT REQUEST AND DENIAL WITH FUTURE DISCLOSURES

I do not want to file a "Statement of Disagreement" but I want UCR Health to include my amendment request and the denial along with all future disclosures of the information subject to my amendment request.

(Signature of Patient or Representative) *Date*

If representative, state relationship to patient: _____

*When you have completed this form, please return it to: **University of California Riverside, School of Medicine, Compliance Department, 900 University Avenue, Riverside, California 92521.***