

SEPA Labs	Policy & Procedure HIPAA / PRIVACY AMENDMENT OF PROTECTED HEALTH INFORMATION	FUNCTION
		NUMBER 3b
		PRIOR ISSUE
		EFFECTIVE DATE January 1, 2014

PURPOSE

This Policy is to provide a process for responding to a patient’s request for an amendment to Protected Health Information (“PHI”).

POLICY

A patient has the right to request that SEPA Labs amend his PHI maintained in the Designated Record Set for as long as the PHI is maintained. The policy of SEPA Labs is to respond to a patient’s request for amendment of PHI in accordance with the HIPAA Privacy Rule. This policy contains the procedures for approving an amendment, denying an amendment and making an amendment at the request of another covered entity.

Note: The *Notice of Privacy Practices* states that an amendment is not necessary to correct clerical errors.

PROCEDURE

1. The patient will be notified of the right to amend his PHI in the *Notice of Privacy Practices*.
2. SEPA Labs Privacy Official (“Privacy Official”) will process all requests for amendment.
3. Upon receiving an inquiry from a patient regarding the right to amend his/her PHI, the Privacy Official will provide the patient with a copy of an *Amendment of Protected Health Information (“Amendment of PHI”)* form. A request for amendment will not be evaluated until the request form is completed and signed by the patient or personal representative.

(See sample *Amendment of PHI* form following this Policy.)

Evaluating and Responding to the Request for Amendment

1. The Privacy Official will date stamp or write the date received and initial the *Amendment of PHI* form.
2. The Privacy Official will make a determination to accept or deny the amendment after consultation with the appropriate staff, if needed.
3. The Privacy Official shall act on the request for amendment no later than 60 days after receipt of the request.
 - a. If the amendment is accepted, Facility staff shall make the amendment and inform the patient within 60 days of the written request.
 - b. If the amendment is denied, SEPA Labs shall notify the patient in writing of the denial within 60 days of the written request.

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4. If SEPA Labs is unable to act on the request for amendment within 60 days of receipt of the request, it may have one extension of no more than 30 days. The Privacy Official will notify the patient in writing of the extension, the reason for the extension and the date by which action will be taken.

Denial of Request for Amendment

1. SEPA Labs may deny the request for amendment in whole or in part if:
 - a. The PHI was not created by SEPA Labs (i.e., outside medical records used for laboratory testing or diagnosis). An exception may be granted if the patient provides a reasonable basis to believe that the creator of the PHI is no longer available to act on the requested amendment and it is apparent that the amendment is warranted. For example, a hospital or clinic, which has given SEPA Labs information on a patient, has since closed its doors and left no means of obtaining its past information or records that were destroyed by fire or flood with no backup copies available.
Note: This should rarely be the case. Every other avenue will be explored before an amendment is made to information that was not created by SEPA Labs.
 - b. The PHI is not part of the Designated Record Set (i.e., information gathered on worksheets or daily communication sheets that do not become a part of the Laboratory Record and are not retained).
 - c. The PHI would not be available for inspection under the HIPAA Privacy Rule.
 - d. The PHI that is subject to the request is accurate and complete.
2. If the Privacy Official, in consultation with the appropriate staff, determines that the request for amendment is denied in whole or in part, the Privacy Official will provide the patient with a timely amendment denial letter. The denial shall be written in plain language and shall contain:
 - a. The basis for the denial;
 - b. A statement that the patient has a right to submit a written statement disagreeing with the denial and an explanation of how the patient may file such statement;
 - c. A statement that, if the patient does not submit a statement of disagreement, the patient may request that SEPA Labs include the patient's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment;
 - d. A description of how the patient may file a complaint with SEPA Labs or to the Secretary of the U.S. Department of Health and Human Services. The description must include the name or title and telephone number of the contact person for complaints. (See the Policy "Complaints.")

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3. The patient may submit a written statement of disagreement.
4. If the patient submits a written statement of disagreement, SEPA Labs may prepare a written rebuttal to the statement. SEPA Labs shall provide a copy of the written rebuttal to the patient who submitted the statement.
5. The following documentation must be appended (or otherwise linked) to the PHI that is the subject of the disputed amendment:
 - a. The patient's *Amendment of PHI* form;
 - b. SEPA Labs's amendment denial letter;
 - c. The patient's statement of disagreement, if any; and
 - d. SEPA Labs's written rebuttal, if any.

Future Disclosures of PHI that is the Subject of the Disputed Amendment

1. If the patient submitted a statement of disagreement, SEPA Labs will disclose all information listed in Item 5. above or an accurate summary of such information with all future disclosures of the PHI to which the disagreement relates.
2. If the patient did not submit a statement of disagreement, and if the patient has requested that SEPA Labs provide the *Amendment of PHI* form and the amendment denial letter with any future disclosures, SEPA Labs shall include these documents (or an accurate summary of that information) with all future disclosures of the PHI to which the disagreement relates.

Acceptance of the Request for Amendment

If SEPA Labs accepts the requested amendment, in whole or in part, SEPA Labs will take the following steps:

1. SEPA Labs Privacy Official shall place a copy of the amendment in the patient's Laboratory Record or provide a reference to the location of the amendment within the body of the Laboratory Record.
2. The Privacy Official shall notify the relevant persons with whom the amendment needs to be shared, as identified by the patient on the original *Amendment of PHI* form.
3. The Privacy Official shall identify other persons, including Business Associates, that it knows have the PHI and that may have relied on, or could foreseeably rely on, such information to the detriment of the patient. The Privacy Official will inform the patient of, and obtain the patient's agreement to notify such other persons or organizations of the amendment.
4. The Privacy Official shall make reasonable efforts to inform and provide the amendment within a reasonable time to:

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- a. Persons identified by the patient as having received the PHI and needing the amendment;
 - b. Persons, including Business Associates, that SEPA Labs knows have the PHI and may have relied, or could foreseeably rely, on such information to the detriment of the patient.
5. If no additional persons needing notification of the amendment are identified, the Privacy Official shall inform the patient in writing that the amendment has been accepted.

Actions on Notices of Amendment

If another Covered Entity notifies SEPA Labs of an amendment to PHI it maintains, the Privacy Official shall make the amendment to the patient’s Designated Record Set.

1. Amendments to the Designated Record Set shall be filed with that portion of the PHI to be amended.
2. Amendments that cannot be physically placed near the original PHI will be filed in an appropriate location.
3. If it is not possible to file the amendment(s) with that portion of the PHI to be amended, a reference to the amendment and its location will be added near the original information location.
4. If the actual amendment is not in an easily recognized location near the original information, the reference should indicate where it could be found.
5. General information regarding requests for amendment, forms relating to amendments and correspondence relating to denial or acceptance of requests to amend will be filed in the patient’s Laboratory Record.

(See sample Acceptance, Denial, and Notification letters following this Policy.)

SAMPLE
AMENDMENT OF PROTECTED HEALTH INFORMATION

Date Received: _____
Initials of Privacy Official: _____

SECTION A: Patient to complete the following information

Date: _____
Patient Name: _____ Laboratory Record
Number _____

Address: _____

REQUEST:

I hereby request that SEPA Labs amend the following in my Designated Record Set **(check all that apply)**:

_____ My Laboratory Records _____ My Business Office Files

Date(s) of information to be amended (i.e., date of visit, treatment, or other health care services)

The information is incorrect or incomplete in the following manner:

I request this amendment for the following reason(s):

The information should be amended as follows:

I understand that SEPA Labs may or may not supplement my record with an addendum based on my request. I also understand that SEPA Labs is not able to alter the original documentation in a record under any circumstances. Regardless whether my request is granted or denied, I understand that this request will be made a part of my permanent Laboratory Record and will be sent as part of the Laboratory Record in response to any authorized requests for release of my Protected Health Information.

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

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SECTION B: Facility to complete the following

Date of Receipt of Request _____

Request for correction / amendment has been: _____ Accepted _____ Denied

If denied, check reason for denial:

_____ The PHI was not created by this Facility.

_____ The PHI is not part of patient's Designated Record Set.

_____ The PHI is not available to the patient for inspection as required by federal law (i.e., psychotherapy notes)

_____ The PHI is accurate and complete.

NOTICE TO PATIENT/OTHERS

Patient and/or others notified of determination via one or more of the following **(check all that apply)**:

_____ *Amendment Acceptance Letter* sent to patient on _____ (date).

_____ *Amendment Acceptance with Consent to Notify* sent to patient on _____ (date).

_____ *Notification of Amendment* sent to identified persons pursuant to patient authorization on _____ (date).

Signature of Privacy Official

Date

Print Name

Distribution of copies: Original to patient's Laboratory Record, copy to patient

**SAMPLE
AMENDMENT ACCEPTANCE LETTER**

[DATE]

[PATIENT NAME]
[ADDRESS]

Dear [PATIENT]:

Your request to amend your Protected Health Information (see attached form) has been approved. We will notify the individuals and/or organizations that you identified in the original amendment request.

Very truly yours,

[AUTHOR SIGNATURE]
[PRINTED NAME AND TITLE]

**SAMPLE
AMENDMENT ACCEPTANCE WITH CONSENT TO NOTIFY LETTER**

[DATE]

[PATIENT NAME]
[ADDRESS]

Dear [PATIENT]:

Your request to amend your Protected Health Information (see attached form) has been approved. We will notify the individuals and/or organizations that you identified in the original amendment request.

In addition, we have identified the following individuals and/or organizations that received your Protected Health Information. We are not permitted to notify these individuals and/or organizations without your written agreement. If you would like us to notify the individuals and/or organizations listed below, you must sign, date, and return this statement to us.

Very truly yours,

[AUTHOR SIGNATURE]
[PRINTED NAME AND TITLE]

I hereby request and consent to the notification of the above-identified persons and/or organizations who have previously received my Protected Health Information regarding the approval of my request for amendment.

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

**SAMPLE
NOTIFICATION OF AMENDMENT LETTER**

[DATE]

[Name of Individual/Organization to Receive *Notification of Amendment*
[ADDRESS]

Re: [PATIENT]
Approval of *Amendment of Protected Health Information*

Dear [RECIPIENT]

We have agreed to a request from the above-referenced patient to amend his/her Protected Health Information as outlined on the attached form entitled "*Amendment of Protected Health Information.*"

In compliance with the HIPAA Privacy Rule (45 CFR §164.526—Amendment of Protected Health Information), we are providing you with proper notification of this approved amendment.

Thank you.

Very truly yours,

[AUTHOR SIGNATURE]

[PRINTED NAME AND TITLE]

**SAMPLE
AMENDMENT DENIAL LETTER**

[DATE]

[PATIENT NAME]
[ADDRESS]

Dear [PATIENT]:

Your request to amend your Protected Health Information (see attached form) has been denied for the following reason(s):

You have the right to submit a written statement disagreeing with the denial. If you choose to do so, submit your statement to SEPA Labs Privacy Official.

If you do not submit a statement of disagreement, you may request that SEPA Labs include your request for amendment and the denial in any future disclosures of your Protected Health Information.

You may file a complaint with our Facility by contacting SEPA Labs Privacy Official at _____ (Facility phone number). You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Please contact SEPA Labs Privacy Official for contact information.

Very truly yours,

[SIGNATURE]
[PRINTED NAME AND TITLE]