PROCEDURE STATEMENT:
Health Quest System’s Inc. and its affiliates (“HQ”) has a process in place to allow patients to request an amendment to their medical record as permitted by law. There is a review process of such requests to ensure compliance with the law.

PROCEDURE:
A. Amendment Requests and HQ Entity Responses

1. If a clinician determines there is an inaccuracy in a medical record entry during the current episode of care, the clinician may address the inaccuracy by noting the inaccuracy, adding corrected information including the clinician’s name, initials, and date, without following this amendment process.

2. In all other circumstances, to request a correction or to request that information be amended to a patient’s Designated Record Set, patients or their Personal Representative must complete and submit a “Form to Request Amendment” (Form) to the individuals charged with the responsibility of oversight of Designated Record Sets of the appropriate HQ entity. The “Form to Request Amendment” serves as both documentary evidence of the request and the facility’s response. It also serves as a tracking mechanism to ensure response within 60 days of the request being received (with not more than one 30-day extension). HQ must also supply others with any amended information, as detailed in Section 10 below.

3. The “Form to Request Amendment” will be processed in the following manner:

   a. Request the patient to complete the “Form to Request Amendment” in triplicate.

      o If the “Form to Request Amendment” is received in person, verify the signature on the patient’s photo identification. Acceptable identification means government-issued photo identification including a valid driver’s license, passport, or military identification.

      o If the “Form to Request Amendment” is not received in person, verify the patient’s signature with the signature in the Designated Record Set. If the patient’s signature is not present, the patient can send a photocopy of valid
photo identification with signature along with the Form. Health Information Management (“HIM”) staff may request a notarized “Form to Request Amendment.” Acceptable identification means a government-issued photo identification such as a valid driver’s license, passport, or military identification.

- If the patient would like the amendment to be disclosed to a third party(s), the patient should complete the relevant portion of the “Form to Request Amendment” to identify the third party(s). The patient should also indicate on the Request for Amendment Form whether he or she agrees to have the HQ entity notify other persons known to have relied, or who may rely, on the information that is subject to the amendment to the detriment of the patient.

- The patient should keep the last copy of the “Form to Request Amendment.”

b. HIM will note the date of receipt and forward the original and one copy of the “Form to Request Amendment” with an explanation of what is required and the relevant time frame for response to the author or designee along with a copy of any relevant information, as applicable. HIM will place the remaining copy of the “Form to Request Amendment” in the patient’s Designated Record Set.

c. When the author or designee completes and returns the original “Form to Request Amendment,” HIM will place it in the patient’s Designated Record Set and send a copy to the patient.

4. If a handwritten request for amendment is received, a cover letter and a “Form to Request Amendment” will be sent to the requestor of the amendment. The cover letter will advise the requestor of the requirement for the completed “Form to Request Amendment” and will explain the amendment process.

5. HQ Response Where Requests for Corrections Are Accepted

a. If the correction is accepted, the author or designee must check the appropriate box, sign and date the “Form to Request Amendment” and return it to HIM. To the extent that changes are made to correct an inaccuracy in the Designated Record Set, documentation must retain the original entry, state the correct information, and reflect the author or designee’s identity and date of correction.

i. In the electronic information system, the correction should be made in accordance with the vendor’s specification for corrections such that an audit
ii. In paper documents, a correction may be made in one of two ways:

- If an entry is inaccurate and needs to be deleted, the author or designee must draw a line through the inaccurate information, initial it and date it.

- If an entry is inaccurate and requires correction, the author or designee should note that the entry is inaccurate and should write the correct information in a separate note or, if space is available, draw a line through the inaccurate text and write in the correct information, initial it, and date it.

b. In some cases, the author or designee will not make the correction but will agree to place a patient’s “Form to Request Amendment” in the Designated Record Set as an alternative viewpoint without altering existing documentation. In such cases, a reference to the Amendment (being accepted as an alternative viewpoint) shall be placed at the appropriate site in the Designated Record Set by the HIM staff, as appropriate.

6. HQ Response Where Requests for Adding Information Are Accepted

a. If the addition is accepted, the author or designee must check the appropriate box, sign and date the “Form to Request Amendment” and return it to HIM. A reference that an amendment exists will be made at the appropriate site in the record by the author or designee or HIM staff, as appropriate.

b. In some cases, the author/designee may agree to place a patient’s Request for Amendment in the Designated Record Set as an alternative viewpoint while not altering existing documentation. In such cases, a reference to the amendment shall be placed at the appropriate site in the Designated Record Set.

7. To correct inaccuracies, adding information, or accepting an alternative viewpoint, the author/designee may also add a comment to the “Form to Request Amendment.”

8. The second copy of the “Form to Request Amendment” will be returned to the patient indicating the action that has been taken. The HQ entity will make reasonable efforts to also notify persons known to have relied, or who may rely, on the information that has been amended to the detriment of the patient if the patient has indicated his or her
agreement on the “Form to Request Amendment.” The original “Form to Request Amendment” will be placed in the appropriate record.

B. Amendment from Other Covered Entities

If an HQ entity is informed by another provider that the provider has made an amendment to one of the facility’s patient’s records, the person receiving such information will review its contents, as appropriate, and advise the patient’s attending physician of any information that appears to require action. The amendment information will be placed in the HQ entity’s designated record set.

C. Informing Others

HQ must make reasonable efforts to provide the Amendment to other persons identified by the individual as having PHI that is the subject of the Amendment; and other persons, including Business Associates, that HQ knows has PHI that is the subject of the Amendment and could rely on such information to the detriment of the individual.

D. Billing Record Amendment Requests and HQ Entity Response

1. Most requests to amend billing information are received via the telephone.

   Billing Department staff use the following patient identifiers to verify a caller’s identity:
   - Patient’s name
   - Patient’s address
   - Patient’s date of birth
   - Patient’s Social Security Number
   - Patient’s account number

2. The Billing Department will either review the patient’s Designated Record Set or will refer the inquiry to the individuals charged with the responsibility of oversight of Designated Record Sets as determined by the individual HQ entity, for verification that a procedure and/or services was performed.

3. If the patient was billed in error, Billing Department staff will make the correction to the bill and will document all actions taken including all conversations with the patient, any correspondence sent to the patient, and any changes made to the patient’s information in the facility’s electronic billing system.
4. A request must be submitted in writing to the Billing Department in order for a copy of the Billing Statement to be sent to an address other than the address on file.

5. If a patient’s Designated Record Set needs to be amended based on changes to the patient’s bill, a Billing Department staff member will complete the appropriate sections of the “Form to Request Amendment” explaining how the bill is incorrect or incomplete and send the “Form to Request Amendment” to the patient to sign. The patient must sign the “Form to Request Amendment” and then send it to HIM for processing and inclusion in the patient’s record. HIM will proceed in accordance with section A of this policy.

6. If the Billing Department is unable to resolve a patient dispute, a “Form to Request Amendment” shall be sent to the patient who may return the completed “Form to Request Amendment” to Patient Relations for follow up according to the HQ Privacy Incidents policy.

E. HQ Entity Rejection of Requests to Amend Medical or Billing Records

1. If the author or designee rejects the patient’s requested amendment, the author or designee must indicate one of the following as reasons:

a. The information subject to the request for amendment was not created by the HQ entity.

b. The information subject to the request for amendment is not part of the Designated Record Set at the HQ entity.

c. The information would not be available for the patient to access (see 5.2.20 Patient’s Right to Access Protected Health Information Policy).

d. The information is accurate and complete.

2. The “Form to Request Amendment” must be signed and dated and returned to HIM, and the author or designee must make a note at the site in the record to which the amendment applies that an amendment was requested and denied. The second copy of the “Form to Request Amendment” will be returned to the patient. The original copy of the “Form to Request Amendment” will be filed in the record. The patient may request that his/her request for amendment and the denial be disclosed with any future disclosures of the information that is the subject of the amendment.
3. The patient may choose to submit a written statement disagreeing with the denial. This statement must be contained on not more than one handwritten or typewritten page of at least 10-point font. HIM staff shall consult with the Privacy Officer or designee and/or Legal Services & General Counsel before discarding any statement that does not fulfill this requirement. When this statement of disagreement is received, it should be forwarded to the author or designee, who will determine whether a rebuttal will be prepared in consultation with other appropriate personnel. The statement of disagreement and any rebuttal must also be filed in the record and accompany any future disclosures of the information that is subject of the amendment.

4. Patients who remain dissatisfied after correspondence with the Health Information Management Department and/or the Billing Department will be referred to Patient Relations in accordance with the HQ entity’s Privacy Incidents policy.

F. Extension of Time for Response

If the processing described in this policy cannot occur within 60 days of receipt of the request, notify the patient in writing within 60 days that a 30-day extension will be necessary to process the request. The notice must state the reasons for the delay and the date by which a response can be expected. Keep a copy of the extension notice with the applicable Designated Record Set. Only one 30-day extension is permissable.

DEFINITIONS: See HIPAA Glossary

REFERENCES:
45 CFR Section 526
HQ 5.2.18 Patient’s Right to Request Amendments of their Protected Health Information (PHI) Policy

POLICY HISTORY:
Supersedes: 4/1/2019
Original Implementation Date: 4/15/2003
Date Reviewed: 2/28/2020

APPROVAL:

Procedure Owner

Date