

Client Requests to Amend Health Information

Adopted & Effective: April 2003

POLICY STATEMENT:

It is the policy of Children's Aid and Family Services (CAFS) to guarantee the right of our clients to request an amendment of their health information maintained within the designated record set by this Organization, pursuant to the requirements of the HIPAA Privacy Regulations. Copies of all written requests for amendment of health information and any corresponding documentation shall be maintained within the client's chart.

It shall be the duty of the program director, upon notifying the Privacy Officer, to process all client requests for amendment of that client's health information pursuant to the procedure set forth below and the federal privacy regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

PROCEDURE:

1. A client's request for amendment shall be made in writing on the "*Client Request to Amend Health Information form*", blank copies of which are to be maintained by the counselors or by the case managers. Forms must be filled out completely, and signed by the client or the client's legal representative.
2. Upon receipt of the Request to Amend, the recipient of the request form shall document the date of its receipt upon the request form and immediately forward the request form to the program director for processing.
3. All Requests to Amend shall be processed, with action being taken (whether that action is a grant or denial of access) and the response being sent to the client or legal representative, within sixty (60) days of the date of the organization's receipt of the Request, absent extenuating circumstances. Under extenuating circumstances only, the program director may extend this deadline by no more than an additional thirty (30) days, so long as a letter explaining the reason for the delay and the date that the requestor can expect the response to the request, is sent to the requestor prior to the expiration of the original sixty (60) day deadline.
4. Upon receiving the Request, the program director shall, wherever possible, discuss the Request to Amend with those members of the Organization's workforce who were

originators of the particular health information at issue, for purposes of determining whether the information was complete and accurate as documented.

5. Whenever amendment is granted, in whole or in part, the program director, or the originator of the health information at the request of the program director, shall make the appropriate amendment to the client's chart or billing record. The amendment shall clearly identify the records in the designated record set that are affected by the amendment, with a clearly documented link being provided to the location of the amendment within the chart or billing record. The date upon which the amendment was made shall be documented upon the Request for Amendment form.
6. The program director will notify the Privacy Officer, who will report to the CQI Committee for review. The CQI Committee will make recommendations for any necessary corrective plans.
7. Immediately upon amending the record, the program director shall notify the client for the following purposes:
 - (a) To inform the client that the action has been taken;
 - (b) To ask the client to identify any persons who had previously received the health information that is the subject of the amendment, and who may need the amendment; and
 - (c) To obtain the client's agreement to have the Organization notify such persons who may have relied, or may likely rely in the future, on the information that is the subject of the amendment.

The date of the notification of the client shall be documented upon the Request for Amendment form.

8. The program director shall take all reasonable steps to provide the amendment in writing to the following persons, within a reasonable time under the circumstances of the amendment:
 - (a) All persons identified by the client as having received health information about the client and as needing the amendment; and
 - (b) All persons, including business associates, known to have the information at issue that may have relied, or may likely rely in the future, on the original information, to the detriment of the client.

The names and addresses of all persons other than the client who have been provided with the amendment shall be documented on the reverse side of the Request for Amendment form (or an attached sheet, if necessary), along with each date of notification.

9. Grounds for denial of a request for amendment under the HIPAA privacy regulations include:

- (a) The information is accurate and complete.
- (b) The information was not created by the Organization. (Should the client provide a reasonable basis to believe that the originator of the health information is no longer available to act upon a request to amend, the request should be granted if there are no other applicable grounds for denial.)
- (c) The information is not part of the Organization's designated record set.
- (d) The information would not be available for inspection under the HIPAA Privacy Regulations, as explained in more detail in the Organization's Policy and Procedure for Client Requests for Access to Health Information.

In the case of any denial of a client's request for amendment, the clinical director] shall complete and mail to the client the form entitled "*Notice of Denial of Client Request to Amend Health Information*," maintaining a copy of this form in the client's chart and documenting the date of the mailing of this form upon the Request for Amendment form.

10. The program director shall accept any written statement of disagreement that is submitted by the client whose request for amendment was denied, so long as that statement of disagreement does not exceed one side of an 8½ x 11-inch piece of paper. A copy of any such statement of disagreement should be immediately forwarded to each workforce member who was an originator of the health information at issue in the request for amendment and the Privacy Officer for review with the CQI Committee.

In the alternative, the client may request that the Organization provide a copy of the "*Client's Request to Amend Health Information and the Denial Form*" with any future disclosures of the health information requested to be amended. All such requests shall be honored. Whether or not an express request has been made to do this, the client's Request to Amend Health Information and the denial form shall become part of the designated record set and shall be included whenever the health information at issue in the Request for Amendment is disclosed.

11. The program director shall work with any workforce member who was an originator of the health information at issue in the request for amendment, in the preparation of an appropriate rebuttal statement on behalf of the Organization, to be made a part of the chart or billing record, along with the client's statement of disagreement. Upon incorporating the rebuttal statement into the chart or billing record, a copy of the rebuttal statement shall immediately be mailed to the client by the program director, and the dates of such actions shall be documented upon the Request for Amendment form.

12. Copies of the “*Client’s Request to Amend Health Information Form*” and all corresponding documentation concerning the grant or denial of the request, including any denial form, any statement of disagreement and any rebuttal statement, shall be maintained within the client’s chart. Where no amendment was made, each portion of the chart or billing record at issue as the result of the Request to Amend shall be marked with the phrase “Client Request for Amendment” in the margin to link the information to the portion of the designated record set containing the request form, denial form, statement of disagreement and/or rebuttal form.
13. Should the Organization be informed of an amendment to a client’s health information by another health care provider, health plan or healthcare clearinghouse, the program director shall ensure that the amendment is appropriately incorporated into the organization’s designated record set.