DEPARTMENT: Compliance POLICY TITLE: CMP16 Patient Amendment of Health Information	Arizona Priority Care™ One Goal. One Priority. Your Healthcare.	
REVIEWED BY: AZPC Compliance Officer	REVIEW DATE: 11/08/2019	EFFECTIVE DATE: 12/01/2019
APPROVED BY: Compliance Committee	APPROVAL DATE: 11/11/2019	

PURPOSE:

To ensure that Arizona Priority Care (AZPC) allow the patient the rights to request amendments to his or her own personal health information, while maintaining necessary limits to ensure the integrity of that information.

POLICY:

It is AZPC's policy to recognize the patient's right to request an amendment of protected health information. The patient may seek changes in the medical record, and the provider, under HIPAA rules, has the countervailing right to accept, deny, or otherwise limit those changes. Accepted amendments will be in the form of supplements to the record that will supersede the original material. Original information will not be removed, altered or expunged from the record.

PROCEDURE:

Requesting an Amendment:

1. The patient, patient's legal representative, or covered entity must make a request in writing, giving supporting reasons for amendment.
2. Such amendment will be documented in the patient's paper chart or EMR.
3. The provider must notify the patient of his/her decision within 60 days. Where the provider is not able to meet the 60-day deadline, he/she may have an additional 30 days, but must give the patient a written statement of the reasons for the delay and set a firm time for giving an authoritative answer.
4. When a covered entity informs AZPC of an amendment to a member's PHI, AZPC, at minimum, will make the appropriate amendment to the PHI by identifying the affected records by the amendment request and appending or otherwise providing a link to the location of the amendment.

Accepting an Amendment:

1. The provider must complete an acceptance form to notify the patient that he/she has decided to accept the amendment. The provider should identify any business associates or other persons known to have the information that has been amended, and that relied on this information to the patient's detriment. Provider will forward the acceptance form and amendment to the medical records department.
2. The Medical Records Clerk will mail the original form to the requester. A copy of the form will be filed in the medical record along with the amendment.
3. The amendment acceptance form will request the patient to identify any outside holders of the information who should be notified of the amendment. This completed form will be directed to the Medical Records Department.
4. The Medical Records Clerk, on behalf of the provider, will make reasonable efforts to inform persons identified by the provider and the patient as having received the original information.
5. The Medical Records Clerk will note on the form all parties notified of the amendment, and will replace the copy with the original, completed form in the patient's medical record.
6. The Medical Records Clerk will update the appropriate log to reflect steps taken, decisions made, and parties notified.

Denying Request for Amendment:

1. The provider may deny the request if:
    a. The information was not created by him/her
    b. The information is not available to the patient for inspection or copying
    c. The information is not included in the designated record set, or
    d. The information is already accurate and complete.
2. If the provider decides to deny the patient's request to amend the records, the provider will give the patient timely written notice of the denial. The denial must include the following elements:
    a. The basis for denial (see #1 above)
    b. Notice of the patient's right to submit a written statement to the provider disagreeing with the denial, including instructions for filing this statement.
    c. A statement that, if he or she does not submit a statement of disagreement, the patient may require the provider to include the patient's request for amendment and the provider's denial with any future disclosure of the information.
    d. A description of how the patient may complain of the denial in accordance with Heritage Provider Network and its Affiliated Medical Groups' general HIPAA compliant procedures and to the federal

Department of Health and Human Services.

3. The provider must ensure that the materials that the patient wanted to amend contain the following information:
    a. The patient's original request for an amendment
    b. The provider's denial of the request
    c. Any statement of disagreement submitted by the patient
    d. The provider's written rebuttal, if any, to any statement of disagreement from the patient.
4. The provider must include all of the above material in any future disclosure of the health information in question. Alternatively, the provider can include an "accurate summary" of the information.

Handling Receipt of amended information:

1. Amended information received from another provider or payor will be directed to the Medical Records Department where it will be logged in.
2. Such notice will be filed in the patient's paper chart or EMR.
3. Amendment notices received in error will be placed in a confidential container for shredding.

DEFINITIONS:

None

REFERENCES:

Heritage Provider Network Policies
42 C.F.R. § 164.526
California Health & Safety Code § 123111a

APPENDICES:

None

DOCUMENT REVISION LOG

Date	Document Modification (including deletions)	Page(s)	Location
11/2019	Converted to AZPC template	All	All