

Request for Health Information Amendment

PURPOSE

To define a process for handling patient requests for a correction to his/her Personal Health Information and Personal Information Data.

PROCEDURE

1. Request for an Amendment

- a. An individual who believes that information in his or her health record is incomplete or incorrect has the right to request an amendment or correction to the information for as long as the information is kept by the Agency.
- b. Any request for amendment or correction must be submitted in writing, on the form attached to this policy. It must provide a reason, supporting the requested amendment. Individuals presenting in person shall be referred to the Risk and Safety Supervisor or designee for assistance.
- c. All amendment requests shall be sent to the Risk and Safety Supervisor, Agency's Privacy Officer or designee for processing. The Agency shall act on the individual's request for amendment no later than sixty (60) days after receipt of the request.

2. Responding to a Request for Amendment

Acceptance of a Request for Amendment

- a. The Agency will notify relevant persons with which the amendment needs to be shared at which time the Agency shall make reasonable efforts to inform and provide a copy of the amended request form.
- b. Health care providers and other entities, including but not limited to Agency business associates, who have the information that is the subject of the amendment and that may have relied, or might be expected to rely, on such information to the detriment of the patient.

Denial of a Request for Amendment

The Agency may deny the request for amendment if the record entry that is the subject of the request:

- a. Was not created by the Agency, unless the individual provides a reasonable basis to believe that the originator of the record entry is *no* longer available to act on the request;
- b. Is not part of the individual's health record, (designated record set), kept by or for the Agency.

Future Disclosures of PHI

- a. If the individual has submitted a statement of disagreement, then the Agency shall include either the material appended in accordance with the Denial Disputes section of this policy, or an accurate summary of such information, with any subsequent disclosure of the entry to which the disagreement relates.
- b. If the individual has not submitted a written statement of disagreement, then the Agency shall include the individual's request for amendment and its denial with any subsequent disclosure of PHI (e.g. electronic disclosure), only if the individual has requested such action.
- c. When a subsequent disclosure does not permit the additional material to be included with the disclosure, the Agency may separately transmit the material to the recipient of the standard transaction.



Request for Health Information Amendment

To request an amendment to your health information, complete this form in its entirety (items 1 – 9) and submit to the Medic FPO, 4425 Wilkinson Blvd Charlotte, North Carolina 28208. The Facility Privacy Officer or designee will respond to your request within 60 days of receiving your written request.

1. Patient Name: _____

2. Birth Date: _____

3. Patient/Legal Representative Address (Street, City, State and Zip Code):

4. Describe the information you want amended: _____

5. Date(s) of information to be amended (i.e., date of service) _____

Reason for request: Information is incorrect Information is incomplete Information is outdated

6. How is the current information incorrect, incomplete, or outdated?

7. What should the information say to be more accurate or complete? _____

8. Do you know of anyone who may have received or relied on the information in question (i.e., physician pharmacy, hospital, health insurance, etc.): Yes No

If yes, please provide name(s), address(s), of the organization(s) or individual(s)

Signature: _____

Today's Date: _____

Patient/Legal Representative Information: _____

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Amendment has been:

Accepted

Date of Acceptance: _____

Reason for Acceptance:

Denied

Date of Denial: _____

Reason for Denial:

PHI not created by Medic

PHI is not part of the patient's designated record set

Federal Law forbids release of PHI in question to patient for review or inspection.

PHI is accurate and complete

Signature: _____

Name Title: _____

Comments:



Request for Health Information Amendment

If your request to amend health information is denied, you have the right to:

1. Submit a written statement disagreeing with the denial. The statement should be submitted to:
Mecklenburg EMS Agency

Facility Privacy Officer

4425 Wilkinson Blvd

Charlotte, North Carolina 28208
2. If you chose *not* to complete a statement of disagreement, you may request that the Agency provide your request for amendment and the denial with any future disclosures of the health record information that is in question.
3. Please contact the Facility Privacy Officer at 704-943-6095 with any concerns or questions regarding this amendment process.
4. If you do not feel your request for amendment and the Agency's amendment process adequately addressed your concern, you may review the Agency's Notice of Privacy Practices for resolution options.