REQUEST TO AMEND MEDICAL RECORD

POLICY: Children’s complies with state and federal regulations when responding to a request by a patient or legal representative to amend protected health information (PHI) contained in the designated record set. Children’s makes every effort to respect the requests made by patients and families. Children’s is interested in preserving the integrity of its medical records and recognizes the professional judgment of the health care providers who author medical record entries.

Guidance for providers is outlined in Appendix A.

DEFINITIONS:

**Designated Record Set** (DRS) is a group of records used to make decisions about an individual. Children’s designated record sets include medical records and hospital billing records. Peer review or quality assurance files are not used to make decisions about patients and, therefore, are not part of the DRS.

**Protected Health Information** (PHI) is individually identifiable information that relates to the physical or mental health of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual. This includes (but is not limited to) information such as name, address, date of birth, admission, discharge or death, telephone number, fax number, social security number, medical record number, or account number.

PROCEDURE:

1. **Request for Amendment**

   A. A patient / legal representative’s request to amend the record shall be sent in writing to the health care provider or to the Health Information Management (HIM) department. At the discretion of either the health care provider or the HIM department, Risk Management may be asked to review the request.

   B. The request to amend shall not remove or obliterate the original information. It is an opportunity to append a statement of counteropinion to the medical record.

   C. The request shall indicate that the reason for the change is for the purpose of accuracy or completeness.

   D. The request shall be forwarded to the health care professional who authored the challenged entry for a response. The response shall be made within 10 days. If the medical record is in use, or unusual circumstances have delayed the handling of the amendment request, the patient or legal representative shall be informed in
writing within 21 days of the earliest date when the correction or amendment will be made, or when the request shall be resolved (see sample letter in Appendix B).

2. Patients or their Legal Representatives DO NOT Have the Right to Amend their PHI if:
   A. Documentation is not part of the designated record set, or
   B. Record no longer exists or cannot be found, or
   C. Provider believes the record to be accurate and complete.

3. Agreement to Make the Amendment
   A. If the health care provider agrees to make an amendment in whole or in part, the following steps are taken.
      1. The provider prints a copy of the report to be corrected.
      2. The provider shall indicate the changes to be made on the report by striking out portions and adding words as appropriate. All changes shall be signed and dated by the provider.
      3. The provider shall mail the paper copy of the report to the Transcription Manager, W-4870, or fax to 987-2279.
      4. Transcription shall make the identified changes to the report in CIS.
      5. Transcription shall print the corrected report and mail it to the legal representative/patient that requested the change. (Appendix C letter is sent along with the corrected copy of the report.
      6. The amended note shall be filed in the medical record. The original report shall be removed and destroyed. When the report to be removed has handwritten notes on it, this report will be marked ‘in error’, and be maintained in the medical record.
      7. The notification letter shall be filed in the patient’s medical record.
      8. When reports exist in microfilm:
         i. Print the report from microfilm.
         ii. The provider makes changes to the corrected report.
         iii. Transcription recreates the document, and prints a copy.
         iv. The corrected report is submitted for microfilming.
      9. A reasonable effort shall be made to inform and provide the amendment within reasonable time to:
         i. The health care provider(s) having received the original documentation,
ii Individuals identified by the parent / legal representative, and
iii Persons, including business associates, that the health care
provider knows have the documentation that may have relied on, or could
foreseeably rely on, such information to the detriment of the individual.

4. Denying the Request

If the health care provider denies the request to amend the medical record, the patient /
legal representative shall be notified in writing (see sample letter in Appendix D). This
notification shall contain:

A. The basis for the denial, and
B. A statement that the patient / legal representative has the right to submit a concise
   statement of disagreement, and
C. A statement that the individual may ask that the provider include the request and
   the denial with any future disclosures of the documentation, and
D. A description of how the individual may make a complaint to the Children’s
   Privacy Officer, or to the Secretary of the Department of Health and Human
   Services.
E. The health care provider shall file all documentation related to the request for
   amendment with the challenged entry.

5. Rebuttal

If the individual files a statement of disagreement, Children’s may prepare a written
rebuttal and a copy shall be provided to the individual (see sample letter in Appendix E).

6. Future Disclosures

A. With regard to a future disclosure of the medical record that is the subject of a
disagreement, Children’s shall include any material appended to the request, or an
accurate summary of such information.
B. Upon a request from the individual, Children’s shall include a copy of the
   individual’s request for amendment and Children’s denial of the request.
C. If a subsequent disclosure is made electronically that does not permit additional
   material to be included, Children’s may separately transmit the required material.

7. When Notified of an Amendment by Other Health Care Providers

When another health care provider requests an amendment to an individual’s record, the
originator of the documentation shall respond in the same manner as described in the
policy.
8. **Documentation Requirements**

A. The health care provider shall file all documentation related to the request for amendment to medical records with the challenged entry, including:

1) The patient / legal representative’s request for amendment,
2) Children’s or the provider’s response (acceptance or denial) to the requestor,
3) A patient’s statement of disagreement with denial, if present,
4) Children’s or the provider’s rebuttal, if present.

B. Receipt of the request to amend the medical record shall be entered into the online Disclosure Tracking System (DTS).

C. The documentation shall be maintained as long as the medical record is maintained.

Reviewed by: Mark Del Beccaro, M.D. (Chair, Medical Records/Informatics Committee); Sue Stubbs; Marita Meyer

Revised by: Sue Stubbs; Marita Meyer; Will Mickelson, Paula Dascher

Privacy & Security Committee

APPROVED BY:

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ORIGINATED: 6/17/97

REVIEWED:

| 01/25/02 |

REVISED:

| 04/08/03; 04/12/04; 08/13/04; 07/18/2006 |
Appendix A

Healthcare Provider Guide to Fulfill Medical Record Amendment Requests

The HIPAA Privacy Rule has reinforced the right to request an amendment to a medical record, made available to patients / legal representatives under Washington state law.

A. Receive the written request. The request shall come to you in written form from the patient, legal representative or forwarded to you by the HIM Department.

B. If conditions prevent you from responding within 10 days of receipt, ask for an extension:
   1. Send a letter to the requestor asking for an extension (sample letter in Appendix B), and
   2. File a copy in the medical record’s correspondence section, or send a copy to HIM, or
   3. Have the transcription department send a letter to the requestor.

C. Steps to follow in CIS to satisfy the request if you agree with request:
   1. The provider prints a copy of the report to be corrected.
   2. The provider shall indicate the changes to be made on the report by striking out portions and adding words as appropriate. All changes shall be signed and dated by the provider.
   3. The provider shall mail the paper copy of the report to the Transcription Manager, W-4870, or fax to 987-2279.
   4. Transcription shall make the identified changes to the report in CIS.
   5. Transcription shall print the corrected report and mail it to the legal representative / patient that requested the change. (Appendix C letter is sent along with the corrected copy of the report.
   6. The amended report shall be filed in the medical record. The original report shall be removed and destroyed. When the report to be removed has handwritten notes on it, this report will be marked ‘in error’, and be maintained in the medical record.

D. If you do not agree with the request:
   1. The provider shall send a letter to the patient or legal representative explaining why you do not agree to the requested change (sample letter in Appendix D).
   2. The provider shall file a copy of the letter in the medical record, or send a copy to HIM with a note requesting that the letter be filed, or
   3. The provider shall have the Transcription department send the letter to the requestor.

E. If you do not grant the request, and the patient or legal representative writes a statement of disagreement:
   1. The provider, or HIM, shall file it in the chart, and
   2. If the provider chooses, you may send the requestor a written rebuttal to their statement of disagreement also to be filed in the medical record.

If you have questions or concerns about any step in the process, contact the Transcription Manager at (206) 987-5180.
Appendix B

Amendment Process Form: Provide notice that more time is needed to review the request

Date

Name
Address
City, State, Zip

CONFIDENTIAL

Re: Request to Amend Medical Records
Patient: __________________________

Medical Record Number: ______________________

Dear ____________:

We have received your written request dated __________ to amend the records of ______________ [patient name]. We try to respond promptly to all such requests. Unfortunately, [describe unusual circumstances] [because the medical records are currently in use], we have not yet been able to complete our review of your request, and we need additional time to respond. We expect to be able to provide a response to you no later than [insert deadline for response—maximum of 21 days after request].

We are sorry for the delay, and we appreciate your patience.

Sincerely,

Name
Title
Address
Mail Stop
Seattle, WA Zip
Phone Number

cc: [as appropriate]
Appendix C

Amendment Process Form: Provide notice of grant of request to amend records

Date

Name
Address
City, State, Zip

CONFIDENTIAL

Re: Request to Amend Medical Records
Patient: _______________________________

Medical Record Number: __________________________

Dear ____________________:

We have received your request to amend the records identified above. We are pleased to inform you we are moving forward with the changes you requested.

All recipients of the original transcribed report will automatically receive copies of the amended report. A copy of the amended transcription will also be sent to you. If you would like us to send copies of the amended report to others beyond the original recipients, please supply the name, address, and telephone number of each additional recipient, sign your name on the signature line at the bottom of this page, and return the letter to my attention.

In the event that you return this letter, I enclose a copy for your records.

If you have any additional questions, please feel free to contact me at ________________.

Sincerely,

Name
Title
Address
Mail Stop
Seattle, WA  Zip

[cc: as appropriate]
I hereby consent to Children’s Hospital and Regional Medical Center notifying other persons or organizations that have the medical record being amended. This will include people or organizations I list below, and people or organizations identified by Children’s.

____________________________________  _________________________________
Signature                                  Date

____________________________________  _________________________________
Print name                                  Relationship to patient

Please send a copy of the amended information to the following:

Name    Address    Phone
Appendix D

Amendment Process Form: Provide notice of denial of request to amend records

Date

Name
Address
City, State, Zip

CONFIDENTIAL

Re: Request to Amend Medical Records
Patient: _______________________________

Medical Record Number: __________

Dear _____________:

We have received your request dated _________ to amend the records identified above. This is to inform you that your request is being denied, for the following reason(s):

[List one or more of the following reasons:]

• Children’s did not create the information you asked us to amend. Please contact the health care provider who created the information to request amendment. If you believe that the health care provider is no longer available to consider your request, please let us know.

• The information you asked us to amend is not part of the medical record and is not used to make decisions about your health care.

• The provider, or a Children’s representative, believes that the information you asked us to amend is accurate and complete.

• You asked Children’s to amend medical records on behalf of the patient, but you have not demonstrated that you have the authority to act on behalf of the patient.

Children’s will place your request to amend in the medical record, along with this letter, and these documents will be included in future authorized disclosures of the medical record.

You are entitled to submit a written statement explaining your disagreement with this decision. The statement must be submitted to my attention within thirty days of receiving this letter. If you submit a statement of disagreement, it will be placed in the medical record and included in future authorized disclosures of the medical record.
If you wish to make a complaint to Children’s about this denial of your request to amend records, please send your written complaint to:

Children’s Privacy Officer
Mail Stop A-4902
4800 Sand Point Way NE
PO Box 5371,
Seattle, WA 98105

You may also complain to the Department of Health and Human Services (DHHS) by sending your written complaint to:

Office for Civil Rights, Region X
U.S. Department of Health and Human Services
2201 Sixth Avenue, Mailstop RX-11
Seattle, WA, 98121-1831

If you have any questions, please do not hesitate to call me at ____________.

Sincerely,

Name
Title

[cc: as appropriate]
Appendix E

Amendment Process Form: Provide notice of rebuttal to statement of disagreement

Date

Name
Address
City, State, Zip

CONFIDENTIAL

Re: Request to Amend Records
   Patient: __________________________

   Medical Record Number: __________

Dear ____________:

We received your statement of disagreement dated ______, which you submitted after Children’s denied your request to amend the records identified above. I enclose a copy of Children’s statement (called a “rebuttal”) that responds to your statement of disagreement.

The following documents are being placed in the record and will be included in future authorized disclosures of the record: your request to amend records; Children’s denial of your request; your statement of disagreement; and Children’s rebuttal statement.

If you have any questions, please do not hesitate to call me at ______.

Sincerely,

Name
Title

[cc: as appropriate]