

# Tulane University

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<b>APPROVED:</b> April 1, 2003	<b>REVISED:</b> August 6, 2004
<b>EFFECTIVE DATE:</b> April 14, 2003	<b>POLICY NUMBER:</b> GC-011

## Tulane University Patient Request to Amend PHI

### SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

### STATEMENT OF POLICY

Patients generally have a right to request that the Tulane University Health Care Component amend health information contained in records that may be used to make decisions about the patient. Tulane University Medical Group treats all patients' requests in a respectful manner. Tulane University Medical Group has strict policies and procedures about how and when patient requests for amendment of records will be granted or denied. Therefore, for records maintained by a Tulane University Medical Group site, patients should be directed to submit requests for amendment of medical records to the Director, Faculty Practice Plan Northshore Operations. Requests for amendments of FPP billing records should be directed to the FPP Billing Office. The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, may respond to the patient about his/her request. The request should be processed in a timely and respectful manner in accordance with the procedures below.

### IMPLEMENTATION OF POLICY

#### 1. Right To Request Amendment

**What Information.** Patients have the right to request that we amend the protected health information that the Tulane University Health Care Component, or one of the hospital's business associates, maintains in "designated record sets." "Designated record sets" are sets of records that may be used to make decisions about the patients or their treatment and generally include the patient's medical record and billing records. The specific records included in a designated record set are discussed in Policy GC-006. Staff should review that policy in addition to reviewing this policy.

**For How Long.** Patients have the right to request amendment of their protected health information for as long as the information is contained in the designated record set.

**In Writing.** All requests for amendment must be made in writing. The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should encourage the patient or the patient's personal representative to complete the request form provided in Appendix A of this policy or to write a letter that covers the same information requested on that form.

**Follow Up Questions.** Although a patient's request should be made in writing, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should follow up on a patient's request by phone to

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clarify what information the patient is seeking to amend. The Director, Faculty Practice Plan Northshore Operations should record on the patient's request form the results of that discussion and initial his or her notes.

## **2. Response Time**

The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, is expected to respond to patient requests for amendment of their protected health information (by either granting or denying the request) as soon as possible after the request is received. At the very latest, the response to the request should be issued within 60 days from the date the request was received. To ensure that these deadlines are met, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should complete the information at the bottom of the patient's request form provided in Appendix A. If the patient's written request is not made on the form provided in Appendix A, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should write in the equivalent information on whatever written request was submitted by the patient.

- In rare circumstances, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, may be unable to respond within 60 days. If so, the staff may extend the time for responding by another 30 days. However, under no circumstances may a response be given later than 90 days from the date the patient's request was received.
- If the 30-day extension is needed, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must notify the patient in writing within the first 60 days to explain the reason for the delay and the date when Tulane University Medical Group expects to answer the patient's request. This notice should be added to the patient's medical record. Tulane University Medical Group's standard notice for this purpose is provided in Appendix B of this policy.

## **3. Granting Requested Amendments**

A patient's request for amendment of protected health information may only be granted according to the following procedures. The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must complete these procedures within the time provided in Section 2 of this policy.

**Review of Information.** The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should determine whether the information that the patient would like to amend was created by Tulane University Medical Group. The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should also determine whether the patient would be prohibited from inspecting his or her own information. Tulane University Medical Group cannot amend information that was not created by them unless they have reason to believe that the person or organization that did create the information is no longer available to respond to a request for amendment. Tulane University Medical Group also cannot amend information if the patient requesting the amendment would not be able to inspect the information. The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should review the information to determine if an amendment is appropriate. Where necessary, the manager should consult with the medical staff who created the information or with other staff who might be able to verify the accuracy of the information. The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should only grant a patient's request

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to amend certain protected health information if they determine that the current information is incomplete or inaccurate and should be amended (completely or in part) as requested by the patient.

**Notify the Patient and Obtain Permission To Notify Others.** The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must notify the patient that his or her requested amendment is being granted. The patient may be notified in person, by phone, or in writing. When providing notice, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should also ask the patient the following questions:

- Would the patient grant the Tulane University Medical Group permission to notify other persons or organizations that have relied, or may rely, on the original information in a way that may negatively affect the patient?
- Would the patient like the Tulane University Medical Group to notify any other persons about the amendment?

A sample written notice form is provided in Appendix C of this policy.

**Make the Amendment.** The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should make the appropriate amendment everywhere that the patient's protected health information appears in designated record sets maintained by the Tulane University Medical Group or its business associates. The procedures for correcting the information contained in records should be followed. For example:

- If a document is entirely misplaced and does not belong in the patient's record, it may be removed from the record and re-filed in its proper place.
- If a document belongs in the patient's record but contains an error, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should attempt to make a notation directly on the record that corrects the information without deleting the original entry.
- If additional pages are required to correct the information, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should make a notation on the original document directing the reader to the amendment page or pages. Where possible, the amendment page or pages should be physically attached to the original document (for example, using staples).
- If the information that needs to be amended is contained in an electronic format, the Sr. Department Administrator for Northshore Operations or the FPP Billing Office, as applicable should attempt to make a notation that corrects the information without deleting the original entry, or create a link to a location where the amended information can be found.

**Notify Others.** The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, is expected to use all reasonable efforts to forward the amendment to persons or organizations that the patient has stated should be notified. If the patient agrees, this manager is also expected to notify any person or organization

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who may have relied, or may rely in the future, on the original information in a way that may negatively affect the patient. The patient's agreement is not necessary to notify Tulane University Medical Group business associates.

**Future Disclosures.** Any future disclosures of the protected health information that needed to be amended must include the amended information or a link to the amended information. If the information needs to be disclosed through a standard transaction that does not permit inclusion of the additional material required by the amendment, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, may separately transmit the amendment material.

#### **4. Denying Requested Amendments**

**Reasons For Denial.** A patient's requested amendment may be denied under the following circumstances:

- The request is not in writing;
- The patient's request did not explain why he or she believes Tulane University Medical Group should make the amendment;
- The information is not contained in a designated record set maintained by Tulane University Medical Group or any of its business associates;
- The information was not created by Tulane University Medical Group, unless it has reason to believe that the person or organization that did create the information is no longer available to fulfill the patient's request (for example, if the facility that created the information has closed); and/or
- The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, cannot determine that the information is inaccurate or incomplete without the requested amendment.

**Notice of Denial.** If the patient's request for an amendment is denied, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must notify the patient (within the time frame applicable in Section 2 of this policy) using the denial notice provided in Appendix D of this policy.

- When preparing the denial notice, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, should indicate the grounds for denying the patient's amendment by checking off the appropriate box or boxes.
- If the ground(s) for denying the amendment is that the patient would not be permitted to inspect the information, the denial notice must explain the reason that inspection is not permitted.
- If the amendment is only partially denied, the denial notice must explain what portion of the amendment will be granted and what portion will be denied. It must also explain how the patient may contact the Tulane University Medical Group if he or she wishes the practice to make the partial amendment.

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- The partial amendment may not be made without the patient's permission. If the patient grants permission, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must make the partial amendment in accordance with the procedures in Section 3 of this policy.
- The notice must also explain the patient's right to request that we include a statement about the amendment when disclosing the disputed information to other persons in the future.

**Statement of Disagreement.** After receiving Tulane University Medical Group's denial notice, the patient may submit a statement explaining his or her disagreement with our decision. This statement should be limited to 3 pages.

- If the patient submits a statement of disagreement, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, may prepare a rebuttal statement if necessary to clarify Tulane University Medical Group's position about why the amendment should be denied, or to respond to issues raised in the patient's statement of disagreement. A copy of this rebuttal statement must be provided to the patient. Consultation with the Privacy Official must take place prior to sending the rebuttal to the patient.

**Recordkeeping.** The Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must physically attach, or electronically link, the following documents to the protected health information that was the subject of the disputed amendment (in every place that information appears in the patient's designated record sets):

- the patient's written amendment request;
- Tulane University Medical Group's notice denying that amendment request;
- the patient's statement of disagreement (if any); and
- Tulane University Medical Group's rebuttal statement (if any).

**Future Disclosures.** The following documents must be included in any future disclosures of the patient's information. If the patient's protected health information needs to be disclosed through a standard transaction that does not permit inclusion of the materials required below, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, may separately transmit these materials.

Statement of Disagreement. If the patient has submitted a statement of disagreement, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must include the following documents, or an accurate summary of these documents, in any future disclosure of the protected health information that is the subject of the dispute:

- the patient's written amendment request;
- the hospital's notice denying that amendment request;
- the patient's statement of disagreement; and
- the hospital's rebuttal statement (if any).

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No Statement of Disagreement. If the patient does not submit a statement of disagreement, he or she may request that Tulane University Medical Group includes the patient's amendment request and the denial notice in any future disclosure of the protected health information that is the subject of the dispute. If the patient makes this request, the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must include these documents, or an accurate summary of them, in any future disclosures of the information. If the patient does not make this request (and does not submit a statement of disagreement), the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, need not include any of these materials in future disclosures of the protected health information that was the subject of the disputed amendment.

## **5. Compliance With Amendments Reported From Other Organizations**

If another organization informs Tulane University Medical Group that it has granted a patient's request to amend the patient's protected health information (and how that information has been amended) the Director, Faculty Practice Plan Northshore Operations or the FPP Billing Office, as applicable, must amend that patient's protected health information *everywhere* it appears in designated record sets maintained by our hospital. These amendments should be made in accordance with the procedures set forth in Section 3 of this policy, including notifying the patient and others (where appropriate) that the amendment has been made.

## **6. Forwarding Response to the Privacy Official**

After responding to each amendment and/or Denial of Protected Health Information, a copy of this data must be forwarded to the Privacy Official.

## **VIOLATIONS**

Members of Tulane University Medical Group, its participating physicians and clinicians, and all University employees who provide management, administrative, financial, legal, and operation support to or on behalf of Tulane University Medical Group who violate this policy will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or to the Privacy Official. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, Tulane University Medical Group will make every effort to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment.

APPENDIX A

**PATIENT REQUEST FOR AMENDMENT OF RECORDS**

*You have the right to request that we amend most information in our records that may be used to make decisions about you and your treatment for as long as we maintain the information in our records. Please see our Notice of Privacy Practices for a more detailed description of your rights to request amendment of this information. To request an amendment to your records, complete and return the following request form.*

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Last

First

MI

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:

\_\_\_\_\_ (daytime)  
\_\_\_\_\_ (evening)

Email Address (optional):

\_\_\_\_\_

**AMENDMENT REQUEST**

*Please answer the following questions. You may attach a separate page if more space is needed.*

**What information would you like to amend?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do you believe the information should be amended?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you believe the information should be amended? Your request may be denied if you do not provide a reason to support your request.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this request being made because of an emergency or other urgent situation? If so, please describe the nature of the emergency or urgency below and the date you need the information amended. We cannot guarantee that we will meet your deadline, but we will do our very best to accommodate reasonable requests.**

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**PATIENT UNDERSTANDING AND SIGNATURE**

By signing below, I am requesting that Tulane University Medical Group amend my health information as I have explained above.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

**SEND COMPLETED FORM TO THE SPECIFIC SITE (ONE OF THE FOLLOWING):**

1. Tulane Orthopaedic Clinic – Covington  
71205 Highway 21  
Covington, LA 70433
2. Tulane Orthopaedic Clinic – Slidell  
1051 Gause Blvd., Suite 230  
Slidell, LA 70458
3. Tulane Dermatology Clinic – Covington  
1129 South Tyler St.  
Covington, LA 70433
4. FPP Billing Office  
Robert Merenbloom, M.B.A.  
Executive Director of the Faculty Practice Plan  
1430 Tulane Ave. – TW 22  
New Orleans, LA 70112-2632

**For Internal Use Only:**

Date Received: (MO/DY/YR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition of Request: \_\_\_\_ GRANTED \_\_\_\_ DENIED \_\_\_\_ PARTIALLY DENIED

Patient Notified In Writing On This Date: (MO/DY/YR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Employee Processing This Request: \_\_\_\_\_

**APPENDIX B**

[Date]

Jane Doe  
[Street Address 1]  
[Street Address 2]  
[City, State Zip Code]

Re: Request For Amendment Of Protected Health Information

Dear Ms. Doe:

This letter responds to your request that we amend your health information, which we received from you on \_\_\_\_\_.

We have been working hard to determine whether we can grant your request. We are usually able to process requests for amendment of records within 60 days. However, for the following reason, we need an additional 30 days to respond to your request.

- We are still working to access the information that you would like amended.
- We are still preparing the amendment you requested.
- We are working to verify whether the information is inaccurate and incomplete without the amendment you requested.
- We need more time because \_\_\_\_\_.

We expect to have a final answer for you no later than \_\_\_\_\_. If we need additional time, we will contact you again. Please contact the Privacy Official at 504-988-5031 if you have questions or concerns about this delay.

**APPENDIX C**

[Date]

Jane Doe

[Street Address 1]

[Street Address 2]

[City, State Zip Code]

Re: Request to Amend Health Information

Dear Ms. Doe:

This letter responds to your request that we amend your health information, which we received from you on \_\_\_\_\_ . We agree to make the amendment that you have requested. Your records will be updated accordingly.

If you agree, we will also notify other persons or organizations about this amendment that may rely on the original (un-amended) information they currently have in a way that may negatively affect you. In addition, we will notify other persons or organizations that you identify that may have the original (un-amended) health information.

Please contact the manager of the specific clinic if you would like us to notify these other persons or organizations for you. As always, we are committed to helping you assure that the information about you is kept accurate. Thank you for your assistance and patience in helping us achieve this goal.

## APPENDIX D

[Date]

Jane Doe  
[Street Address 1]  
[Street Address 2]  
[City, State Zip Code]

Re: Denial of Request To Amend Information

Dear Ms. Doe:

This letter responds to your request that we amend your protected health information, which we received from you on \_\_\_\_\_ . For the reasons stated below, we are denying your request.

- The request was not in writing.
- Your request did not explain why you believe we should make the amendment.
- The information you would like to have amended is not available in records that we use to make decisions about you or your treatment.
- The information you would like to have amended was not created by Tulane University Medical Group. You may wish to ask the person or organization that created the information for an amendment.
- The information you requested cannot be amended because you are not entitled to inspect this information. The reason you are not entitled to inspect the information is \_\_\_\_\_.
- We believe that the information is not inaccurate and incomplete without the amendment you have requested.

You have the right to submit a statement explaining your disagreement with our decision to deny the amendment you requested. This statement must be in writing and should be no longer than 3 pages (typed or written). We will include your statement, or an accurate summary of it, any time we disclose to others the protected health information that you think should have been amended. However, we reserve the right to prepare a response to your statement of disagreement (called a “rebuttal statement”), which we may also include when we make future disclosures of the information that you think should have been amended. If you wish to exercise this right, please send your statement of disagreement to [insert name, title, address, and telephone number of the responsible contact person or department].

If you do not wish to submit a statement of disagreement, you may request that we include copies of your original amendment request, and copies of this denial notice, when we disclose to other persons the protected health information that you think should have been amended. We will include these documents, or an accurate summary of them, in any future disclosures of the information.

To exercise any of these rights, please contact [insert name, title, address, and telephone number of the responsible contact person or department].

We hope that you will understand the reason that we have denied the amendment you requested. However, if you believe that we have improperly handled your request, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact [insert the name, title, address, and telephone number of the responsible person or department]. *No one will retaliate or take action against you for filing a complaint.*