



SAINT LOUIS UNIVERSITY

DENIAL OF REQUEST TO AMEND

Policy Number: OUC-038

Version Number: 2.0

Effective Date: 04/14/2003

Responsible University Official: Privacy Officer

Approved By: Executive Staff

Legal and Compliance Committee

1.0 INTRODUCTION

Saint Louis University (hereinafter the “University”) is committed to provide services in compliance with all state and federal laws governing its operations, incorporating the highest levels of business and professional ethics. HIPAA Privacy Rule gives patients the right to have covered entities amend their protected health information in a designated record set when that information is inaccurate or incomplete. If the request is denied, covered entities must provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. The Rule specifies processes for requesting and responding to a request for amendment. A covered entity must amend protected health information in its designated record set upon receipt of notice to amend from another covered entity.

2.0 PURPOSE

The purpose of this policy is to outline the process for denying access to protected health information (PHI) requests. HIPAA regulations allow individuals the right to request an amendment or make corrections to their PHI. Entities have the right to deny the request to amend or correct PHI. Unless the individual provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment, this provision applies to PHI created by the covered entity.

3.0 PERSONNEL AFFECTED

This policy applies to all regular full-time and part-time faculty and staff and volunteers within all divisions of the University, including employees, professional staff members, residents, agents, representatives and consultants responsible for maintaining patients’ protected health information.

4.0 DEFINITIONS

Designated Record Set (DRS): A group of records that is maintained, collected, used or disseminated by Saint Louis University. It includes, but is not limited to:

1. Medical records and billing records about individuals maintained by or for a covered entity;
2. Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan;

3. Information used, in part or in whole, to make decisions about individuals;
4. Research activities documented only in a research record are not considered part of the Designated Record Set and should not be documented and retained as such.

Medical Records: A compilation of information regarding a specific patient's demographics, symptoms, medical, psychiatric, social and family histories, objective findings, diagnoses, treatments, responses to treatments and future care plans; created and maintained in the regular course of business in accordance with Saint Louis University and SLUCare policies, made by persons who have knowledge of the acts, events, opinions or diagnoses relating to the patient, and made at the time indicated in the document. The medical record may include records maintained in formats such as electronic, paper, or other media that integrate data from multiple sources, capture data at the point of care; and support caregiver decision making, billing for health services provided, and legal requests.

Protected Health Information (PHI): Any individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual's health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

Workforce: Employees, volunteers, trainees, contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity, who have access to confidential information.

5.0 POLICY

1. Saint Louis University permits an individual to request an amendment or correction to their protected health information or a record in a designated record set for as long as the information is maintained in the designated record set.
2. An individual's request for amendment may be denied if it is determined that the requested protected health information or record:
 - a. Was not created by the University, unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
 - b. Is not part of the designated record set;
 - c. Would not be available for inspection under the requirements for individual rights to access protected health information;
 - d. Is accurate and complete.

6.0 PROCEDURES

1. Medical Records personnel will be responsible for receiving, processing, and responding to requests for amendments to protected health information.
2. All individual requests for amendments to protected or other health information will be in writing, and directed to Medical Records.
3. Medical Records will inform the individual that it requires individuals to make requests for amendments in writing.
4. Individuals must document the reason(s) to support the requested amendment.
5. The request will be referred to a designated health care professional for review, who will be selected by Medical Records on a case by case basis.
6. Medical Records will inform the individual no later than 60 days after the individual's request if the amendment is denied.
7. On occasions where more than 60 days is needed to make a decision, the time period for the action will be extended by no more than 30 days provided that:
 - a. The individual is provided with a written statement of the reasons for the delay and the date by which action will be completed on the request; and
 - b. The time period for action is extended no more than once.
8. Upon denying an amendment, in whole or in part, the University will provide the individual with a written denial in accordance within the timeframes outlined in procedures 6 and 7.
9. The denial will be written in plain language and will contain the following:
 - a. The basis for the denial;
 - b. The individual's right to submit a written statement disagreeing with the denial;
 - c. A description of how the individual may file such a statement;
 - d. A description of who the individual may file a complaint to Saint Louis University pursuant to its compliant procedures including the name, or title, and telephone number of the contact person or office designated to receive such complaints;
 - e. A description of how the individual may file a complaint with the Department of Health and Human Services;
 - f. The following statement

IF INDIVIDUAL DOES NOT SUBMIT A STATEMENT OF DISAGREEMENT, THEN INDIVIDUAL MAY REQUEST SAINT LOUIS UNIVERSITY TO PROVIDE THE INDIVIDUAL'S REQUEST

FOR AMENDMENT AND THE DENIAL WITH ANY FUTURE DISCLOSURES OF THE PROTECTED HEALTH INFORMATION THAT IS THE SUBJECT OF THE AMENDMENT.

10. If the individual provides a statement of disagreement, a written rebuttal to the individual's statement of disagreement.
11. The University will provide the individual with a copy of the above rebuttal.
12. The University will append or otherwise link the following to the designated record set or protected health information that is the subject of the disputed amendment:
 - a. The individual's request for an amendment;
 - b. The denial of the request;
 - c. The individual's statement of disagreement, if any; and
 - d. The University's rebuttal, if any.
13. Any subsequent disclosures of the protected health information to which an individual's written disagreement relates will include the following:
 - a. The material appended as described above; or
 - b. An accurate summary of any such information.
14. Subsequent disclosures may be transmitted separately from a standard transaction if the standard transaction does not allow the info in item #13 to be transmitted.
15. If the individual has not submitted a written statement of disagreement, the University will include the individual's request for amendment and denial, or an accurate summary of such information, with any subsequent disclosure of the protected health information only if the individual has requested such action.
16. This policy and procedure will be retained for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later.

7.0 SANCTIONS

Individuals who fail to comply with this policy and the procedures associated with it will be subject to disciplinary actions guided by the University's Staff Performance Management Policy, Faculty Manual, or Student Guidelines.

Non-compliance in this Policy can result in disciplinary action, including but not limited to, restricted incentive payments, suspension or termination. It may also result in the enforcement of a corrective action plan, as well as notification of the suspected misconduct and/or violation to government regulatory agencies.

This Policy does not limit the University's ability to impose greater sanctions or impose immediate action against serious violations. Disciplinary actions appropriate to the severity of the infraction will be carried out as needed.

8.0 CHANGES TO THIS POLICY

Changes to this policy may be necessary from time to time. At a minimum, the policy and all other program policies, procedures and guidelines will be reviewed on an annual basis.

9.0 RELATED POLICY & DOCUMENTS

- Right to Amend PHI Policy
- Patient Amendment Request (Form)
- Amendment Denial (Template Letter)

REVISION HISTORY

EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
4/14/2003	1.0	New Policy
7/01/2008	1.1	Review & Change Format
3/01/2015	1.2	Review & Change Format
	2.0	Ownership Shifted from Provost to General Counsel