



SAINT LOUIS UNIVERSITY

RIGHT TO AMEND PHI (Accepting)

Policy Number: OUC-048

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. The 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

Under HIPAA, individuals have the right to request an amendment or correction to their protected health information. Entities have the right to deny the request to amend or correct protected health information. 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, this provision applies to protected health information created by the covered entity. For both of those situations, Saint Louis University has created policies and procedures to address the issue and to comply with any applicable laws.

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 the University. It includes, but is not limited to:

- Medical records and billing records about individuals maintained by or for a covered entity;

- Enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan;
- Information used, in part or in whole, to make decisions about individuals;
- 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.

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.

5.0 POLICY

1. The University will provide for an individual to request an amendment 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. The University will allow an individual's request to amend protected health information that was not created by the University if provided a reasonable basis to believe that the originator of the information is no longer available to act on the request.

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. An individual's request for amendment may be denied if the requested protected health information or record:
 - a. Was not created by St Louis University;
 - 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.

7. If the requested amendment is denied, see policy, Denial of Request to Amend.
8. Medical Records will inform the individual no later than 60 days after receipt of such a request if the amendment is accepted.
9. The time period for the action by the University will be extended by no more than 30 days.
10. If the time period for the action is extended, Medical Records will, within 30 days after receipt of the request, provide the individual with a written statement of the reasons for the delay and the date by which action of the request will be completed.
11. The time period for action will not be extended more than once.
12. If the requested amendment is accepted, Medical Records will:
 - a. Make the appropriate amendment
 - b. Arrange to have a necessary health care professional make the amendment.
13. Upon accepting and completing a requested amendment, Medical Records will perform the following tasks:
 - a. Inform the individual, in a timely manner, and obtain the individual's identification of and agreement to have Saint Louis University notify the relevant persons with which the amendment needs to be shared;
 - b. Make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by the individual as needing the amendment;
 - c. Make reasonable efforts to inform and provide the amendment within a reasonable time to person, including business associates, that we know have the affected protected health information and that may have relied, or could foresee reliance, on such information to the detriment of the individual.
14. In completing the amendment, Medical Records will, at a minimum, identify the affected information in the designated record set and append or otherwise provide a link to the location of the amendment.
15. In the event that another covered entity notifies Saint Louis University of an amendment to an individual's protected health information, Medical Records will amend the respective information by, at minimum, identifying the affected information in the designated record set and appending or otherwise providing a link to the location of the amendment.
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 POLICIES & DOCUMENTS

- Denial of Request to Amend Policy
- Patient Amendment Request Form
- Denial of Amendment (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