



Issuing Department: Internal Audit, Compliance, and
Enterprise Risk Management

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Right to Request an Amendment

Policy

The Medical Center is committed to maintaining accurate, clear, and complete medical and billing records and to upholding a patient's rights with respect to their health information. To this end, the Medical Center will permit patients to request in writing that the Medical Center amend Protected Health Information ("PHI") contained in his or her medical, billing, or other associated records.

This right applies only to factual statements contained in the record and not to the provider's observations, inferences, or conclusions.

The Medical Center may deny the request to amend PHI if it determines that the information recorded in the PHI:

- is accurate and complete;
- was created by another provider;
- is no longer maintained by the Medical Center (e.g., the record has been destroyed in accordance with the Medical Center Record Management Policy); or
- is not available for access by the patient or patient's representative (see chart reference in *Right to Inspect and Obtain PHI Policy*).

The patient may require the Medical Center to append a brief statement of disagreement prepared by the patient to the record at issue. The statement of disagreement should not exceed 150 words. The patient's statement of disagreement must be released whenever the information at issue is released. Alternatively, the patient may require the Medical Center to release the patient's request form and the denial letter whenever the information at issue is released. If the information at issue is disclosed through an electronic transaction that does not permit inclusion of the statement of disagreement, the form, and/or denial letter, Health Information Management ("HIM") personnel or Office Managers must separately transmit the material.

All requests for amendment will be processed in a timely manner in accordance with Medical Center policies and procedures.

Procedure

When an adult patient, a minor who is allowed to consent to his or her own treatment, or the parent or guardian of a minor patient believes that the health information the Medical Center has about him or her is inaccurate or incomplete, the patient may request that the Medical Center amend the information.

1. The patient must complete a “Request to Amend Protected Health Information” Form (“Request Form”) and submit it as follows:
 - to amend Tisch Hospital, Rusk Rehabilitation Institute, Hospital for Joint Diseases, and other NYU Hospitals Center site records, submit the Request Form to: HIM, NYU Hospitals Center.
 - to amend NYU Clinical Cancer Center records, submit the Request Form to: HIM, NYU Clinical Cancer Center.
 - to amend Faculty Group Practice records, submit the Request Form directly to the individual physician’s Office Manager.
2. The appropriate HIM personnel or Office Manager will date stamp the Request Form and acknowledge receipt within seven (7) days. If a request for amendment is part of a formal, written patient complaint, Patient Relations will acknowledge receipt.
3. HIM, Patient Relations, or an Office Manager, in consultation with the clinician of record, will determine whether to grant or deny the patient’s request to amend.
4. HIM, Patient Relations, or an Office Managers must respond to the patient’s request within sixty (60) days of receipt of the Request Form. One thirty (30) day extension is permitted so long as the patient is notified in writing of the reason for the extension and the date the patient can expect a response.
5. If the patient’s request to amend is granted:
 - the clinician of record will amend or correct the record that is the subject of the request, dating and signing any amendment or correction in accordance with Medical Center policy;
 - HIM, Patient Relations, or an Office Manager will notify the patient in writing of the decision using the “Request to Amend Protected Health Information – Accepted” template letter and will make reasonable efforts to provide the amendment to persons identified by the patient and to persons, including Business Associates, whom the Medical Center knows has the information that is the subject of the patient’s request.
 - the amendment must be released whenever the information at issue is disclosed. If the information is disclosed through an electronic transaction that does not permit inclusion of the amended material, HIM personnel or Office Managers must separately transmit the amended material.
6. If the patient’s request to amend is denied, in whole or in part:

- HIM, Patient Relations, or an Office Manager will notify the patient in writing of the decision using the “Request to Amend Protected Health Information – Denied” template letter, including:
 - the ground for denial,
 - a statement of the patient’s right to submit a statement of disagreement not to exceed 150 words,
 - a statement that the patient may alternatively request that the Medical Center include the patient’s form and the denial letter when disclosing information to others in the future, and
 - a description of how the patient may complain to the Privacy Manager, the U.S. Secretary of the Department of Health and Human Services, and the New York State Department of Health.
- 7. The Medical Center may prepare a written rebuttal to the patient’s written statement prepared by the clinician of record to be included in the patient’s record and released whenever the information at issue is released. The Medical Center must provide a copy of the rebuttal statement to the patient.
- 8. If the Medical Center is informed by another provider of an amendment to a patient’s record, Medical Center staff will make the requested amendment and will date and sign any amendment that is made in accordance with Medical Center policy.
- 9. HIM, Office Managers, and/or the clinician are responsible for ensuring that the patient’s Request Form, denial letter, if any, rebuttal statement, if any, and the Medical Center’s rebuttal statement, if any, are appended to the record and information at issue, whether in paper or electronic form (e.g., scanned into Epic).
- 10. Maintain all documentation required by this policy in the patient’s medical record for a period of at least six (6) years.

Related Documents

Designated Record Sets

Request to Amend Protected Health Information- Denied template

Request to Amend Protected Health Information Form

Right to Inspect and Obtain PHI

Legal Reference

45 C.F.R. §164.526

This version supersedes all previous Hospitals Center, School of Medicine, and/or Medical Center policies.