

RESPONDING TO REQUESTS TO AMEND PROTECTED HEALTH INFORMATION (PHI)

Under the [HIPAA Privacy Rule](#)¹, patients have the right to request amendments to their protected health information (PHI). Providers have the right to determine if the changes will be made. Once a request is received, the provider has 60 days to act on the request. Failure to respond promptly or follow the Privacy Rule requirements could lead to a HIPAA violation.



The Request

- The practice may require individuals to request an amendment in writing if it informs individuals of this requirement.
- The purpose of a written request is for the patient to **state a reason** to support the requested amendment and **identify the information they ask to be changed**.
- The practice should not disregard a verbal request or use a written request as a barrier to acting on the request.



Sample Form: [Authorization for Notification of Amendment Request to Medical Record](#)



Timeframe for Acting on the Request

- Must act on the request no later than 60 days after receipt.
- If unable to act on the request within 60 days, you may extend the action by no more than 30 days if you provide the patient with a written statement of the reasons for the delay and the date by which you will complete your action on the request.
- Only one 30-day extension is permitted under the Privacy Rule.

- Act sooner than 60 days whenever possible.



Accepting The Amendment Request

- You must make the appropriate amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
- You must inform the individual that the amendment is accepted and obtain the individual's identification of an agreement to have the covered entity notify the relevant persons with whom the amendment needs to be shared.
- You must make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - Persons identified by the individual as having received protected health information about the individual and needing the amendment; and
 - Persons, including business associates, that the practice knows have the PHI that is the subject of the amendment, and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.



Sample Letter: [Notification of Approval of Amendment Request](#)

Sample Letter: [Authorization for Notification of Amendment to Medical Record](#)



Denying the Amendment Request

You can deny the request if you determine that the information or record that is the subject of the request:

- Was not created by the provider(s) unless the individual gives a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
- Is not part of the designated record set;
- Would not be available for inspection under [164.524](#)²
- Is accurate and complete.



Notification of Denial Request

- You must provide the individual with a timely, **written** denial.
- It must be written in plain language and contain the following:
 - The reason for the denial
 - Notification of the individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
 - A statement that, if the individual does not submit a notice of disagreement, the individual may request that you provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
 - A description of how the individual may file a complaint.

- ☑ The description must include the name or title and telephone number of the contact person or office designated as a contact person or office responsible for receiving complaints and can provide further information about matters covered by the notice. For example, a Compliance Officer or Privacy Officer.
- The practice must permit the individual to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. You may reasonably limit the length of a notice of disagreement.
- You may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is ready, you must provide a copy to the individual who submitted the notice of disagreement.
- You must, as appropriate, identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the denial of the request, the individual's statement of disagreement, if any, and the rebuttal, if any, to the designated record set.



Sample Form: [Notification of Denial of Amendment Request](#)



Future Disclosures

- If the individual has submitted a statement of disagreement, you must include the material appended or an accurate summary of any such information with any subsequent disclosure of the PHI to which the disagreement relates.
- If the individual has not submitted a written statement of disagreement, you must include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI only if the individual has requested such action.



When You Are Informed of an Amendment by Another Covered Entity

- If another covered entity informs you of an amendment to an individual's PHI, you must amend the PHI in your medical record.
- You must document the titles of the persons or offices responsible for receiving and processing requests for amendments by individuals and retain the documentation,
- You must maintain a copy of your policies and procedures in effect at the time of the notification.
- You must retain the policies and procedures for six years from the date of its creation or the date when it last was in effect, whichever is later.



AUTHORIZATION FOR NOTIFICATION OF AMENDMENT REQUEST TO MEDICAL RECORD
[Entity]'s letterhead]

Patient name:

Date of birth

Patient number:

Telephone

Date of record to be amended:

Type of record to be amended:

NOTICE: Patients may seek to change information in their medical records to improve the accuracy or completeness of the information. However, by law, the original information contained in the record cannot be erased or obliterated because of this amendment.

Please explain how the entry is incorrect or incomplete. What should the entry state to be more accurate or complete? Please attach additional pages, as necessary.

Signature of patient or authorized party:

Printed name:

Date:

Relationship to patient :



NOTIFICATION OF APPROVAL OF AMENDMENT REQUEST
[Entity]'s letterhead]

[Date]

[Patient's Name and Address]

Re: Approval of Your Request for Amendment of Your Medical Record

Dear [Insert Patient's Name]:

As you requested, we have agreed to make the following changes to your medical records:

[List Changes That Will be Made]

Please identify the names and addresses of the persons who must be notified of the amendments, such as your other physicians.

Sincerely,

[Authorized Person's Signature]

Attachment: Authorization for Notification of Amendment to Medical Record



AUTHORIZATION FOR NOTIFICATION OF AMENDMENT TO MEDICAL RECORD
[Entity]'s letterhead]

Date:

To: [Provider name]

The following persons should be notified of any changes made to my medical record at my request:

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature of patient or authorized party:

Printed name:

Date:

Relationship to patient :



NOTIFICATION OF DENIAL OF AMENDMENT REQUEST
[Entity]'s letterhead]

Date:

To: [Patient's Name and Address]

Re: Denial of Your Request for Amendment of Your Medical Record

Dear [Insert Patient's Name]:

After considering your request to amend your medical record, the decision was made to deny the request based on the following reason(s) checked below:

- The health information for which you are requesting an amendment was not created by [Entity].
- The medical record for which you are requesting an amendment was not created by [Entity].
- The health information that you want to amend is currently not a part of [Entity]'s medical record or billing record.
- The health information or medical record for which you are requesting an amendment is not available for inspection.
- The health information or the medical record for which you are requesting an amendment is accurate and complete as it exists.

You have a right to submit a written statement disagreeing with this denial. Your written statement may be submitted to [Entity]'s Privacy Officer within thirty (30) days of your receipt of this letter. If you do not wish to submit a statement of disagreement, you may request that [Entity] disclose your request for amendment and our denial of this request with any future disclosures of your protected health information that was the subject of your request. You may file a written complaint regarding the denial of this amendment with the following person:

[Insert Name of Privacy Officer]



[Insert Address]

[Telephone Number]

If you believe that [Entity] is not complying with the laws regarding protected health information, you may also file a complaint with the Secretary of Health and Human Services. The complaint must be filed in writing either on paper or electronically. Your complaint must identify [Entity] as the entity that is the subject of the complaint, and your complaint must specifically describe the acts or omissions believed to be in violation of the law. This complaint must be filed within 180 days of the date when you believe that [Entity] failed to comply with the law.

Sincerely,

[Designated Contact Person]