

POLICY INFORMATION

Policy Title: Patient's Right to Request Amendment to PHI Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To give Nuvance Health and its affiliates ("Nuvance") patients the right to request an Amendment to their Protected Health Information ("PHI") contained in their medical and billing Designated Record Sets. To define the rights and obligations of Nuvance Covered Individuals when an Amendment is requested.

DEFINITIONS

See HIPAA Glossary

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs; and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's

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interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

This policy provides Nuvance patients with the opportunity to request amendments to their PHI maintained in the Nuvance entity Designated Record Set of medical and billing records, in compliance with 45 CFR 164.526. This includes patient information in any media format whether paper or electronic.

PROCEDURE

Nuvance has a process in place to allow patients to request an amendment to their medical record as permitted by law. There is a review process of such requests to ensure compliance with the law.

A. AMENDMENT REQUESTS AND NUVANCE ENTITY RESPONSES

1. If a clinician determines there is an inaccuracy in a medical record entry during the current episode of care, the clinician may address the inaccuracy by noting the inaccuracy, adding corrected information including the clinician's name, initials, and date, without following this amendment process.
2. In all other circumstances, to request a correction or to request that information be amended to a patient's Designated Record Set, patients or their Personal Representative must complete and submit a "Form to Request Amendment" (Form) to the individuals charged with the responsibility of oversight of Designated Record Sets of the appropriate Nuvance entity. The "Form to Request Amendment" serves as both documentary evidence of the request and the facility's response. It also serves as a tracking mechanism to ensure response within 60 days of the request being received (with not more than one 30-day extension). Nuvance must also supply others with any amended information, as detailed in Section 10 below.
3. The "Form to Request Amendment" will be processed in the following manner:
 - a. Request the patient to complete the "Form to Request Amendment" in triplicate.
 - o If the "Form to Request Amendment" is received in person, verify the signature on the patient's photo identification. Acceptable identification means government-issued photo identification including a valid driver's license, passport, or military identification.
 - o If the "Form to Request Amendment" is not received in person, verify the patient's signature with the signature in the Designated Record Set. If the patient's signature is not present, the patient can send a photocopy of valid photo identification with signature along with the Form. Health Information Management ("HIM") staff may request a notarized "Form to Request Amendment." Acceptable identification means a government-issued photo identification such as a valid driver's license, passport, or military identification.
 - o If the patient would like the amendment to be disclosed to a third party(s), the patient should complete the relevant portion of the "Form to Request Amendment" to identify the third party(s). The patient should also indicate on the Request for Amendment Form whether he or she agrees to have the Nuvance entity notify other persons known to have relied, or who may rely, on the information that is subject to the amendment to the detriment of the patient.
 - o The patient should keep the last copy of the "Form to Request Amendment."

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B. AMENDMENT FROM OTHER COVERED ENTITIES

If an Nuvance entity is informed by another provider that the provider has made an amendment to one of the facility's patient's records, the person receiving such information will review its contents, as appropriate, and advise the patient's attending physician of any information that appears to require action. The amendment information will be placed in the Nuvance entity's designated record set.

C. INFORMING OTHERS

Nuvance must make reasonable efforts to provide the Amendment to other persons identified by the individual as having PHI that is the subject of the Amendment; and other persons, including Business Associates, that Nuvance knows has PHI that is the subject of the Amendment and could rely on such information to the detriment of the individual.

D. BILLING RECORD AMENDMENT REQUESTS AND NUVANCE ENTITY RESPONSE

1. Most requests to amend billing information are received via the telephone. Billing Department staff use the following patient identifiers to verify a caller's identity:
 - Patient's name
 - Patient's address
 - Patient's date of birth
 - Patient's Social Security Number
 - Patient's account number
2. The Billing Department will either review the patient's Designated Record Set or will refer the inquiry to the individuals charged with the responsibility of oversight of Designated Record Sets as determined by the individual Nuvance entity, for verification that a procedure and/or services was performed.
3. If the patient was billed in error, Billing Department staff will make the correction to the bill and will document all actions taken including all conversations with the patient, any correspondence sent to the patient, and any changes made to the patient's information in the facility's electronic billing system.
4. A request must be submitted in writing to the Billing Department in order for a copy of the Billing Statement to be sent to an address other than the address on file.
5. If a patient's Designated Record Set needs to be amended based on changes to the patient's bill, a Billing Department staff member will complete the appropriate sections of the "Form to Request Amendment" explaining how the bill is incorrect or incomplete and send the "Form to Request Amendment" to the patient to sign. The patient must sign the "Form to Request Amendment" and then send it to HIM for processing and inclusion in the patient's record. HIM will proceed in accordance with section A of this policy.
6. If the Billing Department is unable to resolve a patient dispute, a "Form to Request Amendment" shall be sent to the patient who may return the completed "Form to Request Amendment" to Patient Relations for follow up according to the Nuvance Privacy Incidents policy.

E. NUVANCE ENTITY REJECTION OF REQUESTS TO AMEND MEDICAL OR BILLING RECORDS

1. If the author or designee rejects the patient's requested amendment, the author or designee must indicate one of the following as reasons:

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- a. The information subject to the request for amendment was not created by the Nuvance entity.
 - b. The information subject to the request for amendment is not part of the Designated Record Set at the Nuvance entity.
 - c. The information would not be available for the patient to access (see Patient's Right to Access Protected Health Information Policy).
 - d. The information is accurate and complete.
2. The "Form to Request Amendment" must be signed and dated and returned to HIM, and the author or designee must make a note at the site in the record to which the amendment applies that an amendment was requested and denied. The second copy of the "Form to Request Amendment" will be returned to the patient. The original copy of the "Form to Request Amendment" will be filed in the record. The patient may request that his/her request for amendment and the denial be disclosed with any future disclosures of the information that is the subject of the amendment.
 3. The patient may choose to submit a written statement disagreeing with the denial. This statement must be contained on not more than one handwritten or typewritten page of at least 10-point font. HIM staff shall consult with the Privacy Officer or designee and/or Legal Services & General Counsel before discarding any statement that does not fulfill this requirement. When this statement of disagreement is received, it should be forwarded to the author or designee, who will determine whether a rebuttal will be prepared in consultation with other appropriate personnel. The statement of disagreement and any rebuttal must also be filed in the record and accompany any future disclosures of the information that is subject of the amendment.
 4. Patients who remain dissatisfied after correspondence with the Health Information Management Department and/or the Billing Department will be referred to Patient Relations in accordance with the Nuvance entity's Privacy Incidents policy.

F. EXTENSION OF TIME FOR RESPONSE

If the processing described in this policy cannot occur within 60 days of receipt of the request, notify the patient in writing within 60 days that a 30-day extension will be necessary to process the request. The notice must state the reasons for the delay and the date by which a response can be expected. Keep a copy of the extension notice with the applicable Designated Record Set. Only one 30-day extension is permissible.


ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy and related procedure may result in remedial and/or disciplinary action, up to and including termination of any employment or other relationship.

REFERENCES

45 CFR 164.526

APPROVAL

DocuSigned by:

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Signature

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Date

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