

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: February 25, 2003; effective April 14, 2003

BHRS POLICY: 03-09

SUBJECT: Amendment of Protected Health Information (PHI), Client Request

AUTHORITY: 45 CFR, Part 164.526 (HIPAA Privacy Rule)

SUPERSEDES: New policy

AMENDED: 3/31/09; Technical Edits 1/23/14

ATTACHMENTS:

- A. Request to Amend Protected Health Information
- B. Response to Request To Amend Protected Health Information
- C. Statement of Disagreement/Request to Include Amendment Request and Denial with Future Disclosures
- D. Notification of Amendment to Protected Health Information

POLICY

Clients have the right to have San Mateo County Behavioral Health and Recovery Services amend protected health information (PHI) or a record about the individual for as long as the PHI is maintained in that record.

All requests to amend PHI must be discussed with the clinical or administrative staff member's supervisor; all decisions to deny the request must be approved by a clinical manager.

PURPOSE

To affirm the client's right to amend his/her PHI, to describe procedures for acting on a request, and to define permissible denials of amendment requests.

DEFINITIONS

Protected Health Information, also referred to as individually identifiable health information, is that information that relates to a person's health, the care received, and payment for services, including demographic information.

Provider - For purposes of this policy, “provider” is used interchangeably to refer to San Mateo County Behavioral Health and Recovery Services, or the individual administrative or clinical staff member processing the request to amend PHI.

PROCEDURE

1. The request to amend PHI must be received in writing. Behavioral Health staff will assist the client who wants to have PHI amended by providing a copy of the form entitled Request to Amend Protected Health Information (Attachment A).
2. The general responsibility for managing the request to amend shall reside with the clinic where the client is being treated, with the clinic/site of the care coordinator if the client is treated at more than one site, or with the clinic/site most involved with treating a client whose chart is closed. Specific responsibility shall reside with the clinical unit chief/mental health specialist at the defined location.
3. The request for an amendment to PHI must be acted on no later than 60 days after receipt of the request.
 - a. If the provider is unable to act on the amendment within 60 days, the time for action may be extended by no more than 30 days if the individual is given a written statement telling the reasons for the delay and the date the provider will be able to complete its action on the request.
 - b. This written statement must be given to the client during the original 60 days after the request.
 - c. The provider may have only one 30-day extension.
4. If Behavioral Health and Recovery Services decides to grant the request for amendment, either in whole or in part, it must:
 - a. Make the appropriate amendment to the PHI or record that is the subject of the request. At a minimum, the provider must identify the records in the chart that are affected by the amendment and append or otherwise provide a link to the location of the amendment.
 - b. Inform the client that the amendment is accepted (see Attachment B, Response to Request to Amend Protected Health Information).
 - c. Notify the relevant persons or agencies with whom the amendment needs to be shared (see Attachment A which obtains consent from the client for this purpose).
 - d. Make reasonable efforts to inform and provide the amendment within a reasonable time to (1) persons identified by the individual as having received PHI needing the amendment and (2) persons, including business associates, that the provider knows has the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on the PHI to the detriment of the client (See Attachment D, Notification of Amendment to Protected Health Information).
5. Providers can deny a request to amend the record in these instances:

- a. If the provider determines that it did not create the information the client wants amended, unless the client provides a reasonable basis to believe the original creator of the PHI is no longer available to act on the request.
 - b. The information the client wants amended is not part of the record.
 - c. The information the client wants amended is not information the individual has a right to access.
 - d. The information the client wants amended is accurate and complete.
6. If the provider denies the written amendment, in whole or in part, it must provide the client with a written denial letter (Attachment B) that outlines clearly:
- a. The basis for the denial. The provider must state which of the four reasons above was the basis for the denial.
 - b. The client’s right to submit a “Statement of Disagreement” to the provider, and how the client may file such a statement using the form identified in Attachment C.

The provider may prepare a rebuttal to this statement of disagreement. If so, a copy of the rebuttal shall be given to the client.

7. All communication concerning a request to amend PHI, and any subsequent approval, denial, statements of disagreement and rebuttals must be identified and available in the client record. This information shall be clearly linked to the PHI under discussion.
- a. If a statement of disagreement has been received, the provider must include this with any subsequent disclosure of the PHI under discussion.
 - b. If a statement of disagreement has not been received, the provider must include the request for amendment and the denial with any subsequent disclosure of the PHI, but only if the client has requested the provider to do so.
8. When notified of an amendment by another covered entity, Behavioral Health and Recovery Services must take steps to amend the PHI in its own records by appending or otherwise providing a link from the PHI to the location of the amendment.

Approved: Signature on File
 Stephen Kaplan, Director
 Behavioral Health and Recovery Services Division

Reviewed: _____

