**Statewide Health Information Policy Manual (SHIPM) 5.2.1 – Patient’s (Individual’s) Right to Amend Medical Records**

*Compliance Review Tool Question #98*

## Artifact Must Haves and Best Practices

| **Item #** | **Topic** | **Covered (Y or N)** | **Comment** |
| --- | --- | --- | --- |
| 1 | Did the organization submit an artifact(s) regarding a Patient’s right to amend their health records? |  |  |
| 2 | Does the artifact(s) describe the process for patient requests to amend their health information (medical records), including: | n/a |  |
| 2a | * Are patient amendment requests required to be in writing? | n/a |  |
| 2b | * + Did the state entity advise their patients in advance of this requirement, by including a statement in the Notice of Privacy Practices (see SHIPM Chapter 5 – Notice of Privacy Practices)? |  |  |
| 2c | * Is correspondence regarding patient requests for amendment, and relating to denial or acceptance of requests to amend, filed in the patient’s medical record and appended to the information in question; as well as accessible and available to staff in designated areas? |  |  |
| 2d | * Regarding initial patient amendment requests, that the state entity has 30 days to do either of the following: | n/a |  |
| 2e | * + Amend the patient’s medical records? |  |  |
| 2f | * + Deny the patient’s request in whole or part? |  |  |
| 2g | * Does the artifact(s) address that organizations must respond to the appeal of denial from the patient within either of the following: | n/a |  |
| 2h | * + Within 30 days of receipt of the denial appeal? |  |  |
| 2i | * + Notify the patient that the appeal may take another 30 (for a total of no more than 60 days) from receipt of the denial appeal? |  |  |
| 3 | Does the artifact(s) describe reasonable efforts to provide the amended information to its Business Associates and others who are known to have the health information that was amended? |  |  |
| 4 | Does the artifact describe the ability to deny a patient's request for amendment, for any of the following reasons, if it determines that the health information or record that is the subject of the request: | n/a |  |
| 4a | * Was not created by the organization, unless the patient explains that the originator of health information is no longer available? |  |  |
| 4b | * Would not be available for inspection? |  |  |
| 4c | * Is accurate and complete? |  |  |
| 5 | Does the artifact(s) describe how the organization will notify the patient that a portion has been accepted and a portion denied? |  |  |
| 6 | Does the artifact(s) describe the required content of the denial notification, including: | n/a |  |
| 6a | * Written in plain language? **and** at a minimum must address all of the following: | n/a |  |
| 6b | * + The reason for the refusal? |  |  |
| 6c | * + A description of how the patient can request a review by the head of the organization, or an official specifically designated by the head of the organization? |  |  |
| 6d | * + The name, title, and business address of the reviewing official? |  |  |
| 6e | * + A notice that the patient has a right to submit a written statement disagreeing with the denial; with an explanation of how the patient may file such a statement? |  |  |
| 6f | * + A notice that, if the patient does not submit a statement of disagreement, the patient may request that any future disclosures of the disputed health information include the request for amendment and the denial? |  |  |
| 6g | * + A description of how the patient may file a complaint with the organization or to the Secretary of the U.S. Department of Health and Human Services? The description must include the name or title and telephone number of the contact person for the complaint. |  |  |
| 6h | * + If the patient submits a written statement of disagreement: | n/a |  |
| 6i | * + The state entity may prepare a written rebuttal and is responsible to provide a copy of the written rebuttal to the patient? |  |  |
| 6j | * + The statement of disagreement must be included in any future disclosure of the health information with a clear indication of which portion of the medical record is disputed? |  |  |
| 7 | Does the artifact(s) describe that all the following documentation must be appended (*or otherwise linked*) to the health information that is the subject of the disputed amendment and must be kept for six (6) years: | n/a |  |
| 7a | * The patient’s request for amendment? |  |  |
| 7b | * The organization’s amendment denial communication (*if any*)? |  |  |
| 7c | * The patient’s statement of disagreement, if any? |  |  |
| 7d | * The organization’s written rebuttal, if any? |  |  |
| 8 | Does the artifact(s) have official review/acceptance: | n/a |  |
| 8a | * Effective Date? |  |  |
| 8b | * Revision Date? |  |  |
| 8c | * Document the authorizing (senior or executive) management approval? |  |  |

Title(s) of Submitted Policy/Document/Artifact(s) Reviewed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stored Location of, or link to Artifact(s) Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall CDII Reviewer Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CDII Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Title of or link to Other Source(s) used (e.g., sources not in checklist, templates) – *optional*: