

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	1.4.2.1
Title:	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT	Page:	1 of 10
		Date Effective:	April 14, 2003
Subject:	RIGHT TO ACCESS/AMMEND PERSONAL HEALTH INFORMATION (PHI)	Date Revised:	June 13, 2006 October 14, 2011
		Authorizing Signature:	

AUTHORITY: Authorizing Source: RCW 70.02 45 CFR 164 (HIPAA)

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: The Chelan-Douglas Regional Support Network, in compliance with the Privacy Rules of HIPAA's Administrative Simplification ("HIPAA Privacy Rules") provisions, sets out in this policy, the processes for providing clients with an opportunity to review and/or amend their Personal Health Information (PHI) that is maintained by CDRSN in a designated record set.

DEFINITIONS: See 1.3.2.0

POLICY: CDRSN will consider all requests from clients or former clients (Requestor), to review and/or amend their PHI that is maintained by CDRSN in a designated record set for as long as we maintain it, regardless of whether such information was created or obtained prior to the HIPAA compliance date. We will require that all requests for review and/or amendment be in writing. Requests specifically for amendments shall be submitted on the CDRSN "Request for Amendment" form (Request Form"). In any case where the Requestor cannot obtain or complete a Request Form, we will provide the Requestor with information needed to submit a PHI amendment or correction request, in lieu of the Request Form. We will require that the Requestor inform us, in writing, as to the reason for the amendment. We will notify our clients of our policies and procedures for reviewing their records or requesting amendments in our Privacy Notice, and any changes we make to those policies and procedures.

We will respond to all requests from Requestors for review and/or amendment or correction to their PHI within 10 days from the date of each such request. Records will be made available for examination during regular business hours and provide a copy if requested to the

enrollee or designee. If we are unable to respond within this timeframe, we will so notify the Requestor in writing prior to the expiration of the 10-day period, and provide the reason why we need additional time and the estimated date (no more than 2 working days beyond the original 10 days) by which we expect to complete action on their request.

The CDRSN/PIHP shall advise the requestor if the information does not exist or cannot be found. If the CDRSN/PIHP is aware of the location of the requested records they shall provide the name and address of the provider who maintains those records.

In those instances where we grant the request for review and/or amendment, we will do the following:

1. Inform the Requestor in writing;
2. Attempt to obtain agreement from Requestor as to the identities of anyone having received his or her PHI and needing to review the record or the amendment or correction, and those persons, including business associates, who CDRSN/PIHP knows have the disputed PHI and may have relied upon the subject PHI in the past, or who might reasonably be expected to rely upon it in the future, to the detriment of the Requestor.
3. Notify all persons identified in 2. above of the amendment within a reasonable time. If the disclosure is made using one of the standard transactions that do not permit additional material, CDRSN/PIHP reserves the right to transmit the appended material to the recipient of the standard transaction.

Denials

The CDRSN/PIHP shall provide, upon request, any reason for denial of a request to review or amend PHI.

CDRSN/PIHP reserves the right to deny any request for amendment or correction if it determines that:

- CDRSN/PIHP did not create the information, unless the Requestor proves that the originator of the PHI is no longer available to act on the requested information;
- The information is not part of the designated record set;
- The information would not be available for inspection by the Requestor for reasons specified in the regulation on access (for example, an individual's right to access his or her PHI does not extend to psychotherapy notes as defined in the HIPAA rule);
- The information is accurate and complete.

In those instances where we deny the request for amendment, we will do the following:

1. Provide the Requestor with a written denial that is in plain language and that:
 - a) Contains the basis for the denial; and
 - b) The notification that the individual has the right to provide a written statement disagreeing with the denial and how they might file such a statement.
2. Describe to the client the procedure for filing a complaint either with:
 - a) DHHS or
 - b) With the person or office in our organization who is responsible for receiving complaints – including their name or title and their telephone number.
3. Inform the individual that they may file a statement of disagreement with our denial that does not exceed 250 words including any attachments.
4. Inform the Requestor that they may request, should they not file a statement of disagreement, that their request for amendment and the related denial be attached to all future disclosures of the subject PHI.

We reserve the right to prepare rebuttals and append them to the designated record set. If we do so, we will provide the Requestor with a copy of any such rebuttal.

Designated Record Set

It is our policy to take the following actions with respect to the designated record set in amendment situations:

1. When the amendment request has been granted:
 - a) Identify the subject PHI in the designated record set; and
 - b) Append the amendment to the PHI or
 - c) Provide a link to the location in the file of the amendment.
2. When the amendment request has been denied and the client requests it:
 - a) Identify the subject PHI in the designated record set; and
 - b) Append the request for amendment and the denial to the PHI or
 - c) Provide a link to the location in the file of the request and the denial.
3. When the amendment request has been denied and the client has filed a statement of disagreement, and we have or have not prepared a rebuttal:
 - a) Identify the subject PHI in the designated record set; and
 - b) Append the request for amendment, the denial, the statement of disagreement, and, if prepared, our rebuttal to the PHI or
 - c) Provide a link to the location in the file of all of the items listed in b.

If disclosure of any PHI containing appended material is made by CDRSN using one of the standard transactions that do not permit additional material, CDRSN reserves the right to transmit the appended material to the recipient of the standard transaction.

PROCEDURE:

1. Requestors who wish to amend any of the PHI held by CDRSN must make their request in writing using the Request Form attached to this procedure.
 - a) If necessary, the Requestor should be assisted by CDRSN designated employees in completing the Request Form.
 - b) Requestors will be directed to send all completed Request Forms via the United States Post Office, other private mail delivery system that provides confirmation of delivery or tracking capability, or hand delivery to a CDRSN employee authorized to accept and log delivery at the address of the Privacy Officer. Requests will not be deemed made until they are received by CDRSN.
 - i. CDRSN workforce shall have no authority under any circumstances to offer to use or use CDRSN internal mail to deliver any completed Request Form.
 - ii. If any CDRSN workforce member receives a completed Request Form in error, they should immediately so notify the Privacy Officer in person or by telephone and deliver the Request Form as quickly as possible to the Privacy Officer.
2. The Privacy Officer will log all Request for Amendment forms into a database that includes the date of the request, the date received, name of Requestor, and primary provider.
3. The Privacy Officer will determine whether the Requestor is or was an CDRSN client entitled to request an amendment or correction to the PHI in question, and whether CDRSN possesses or is responsible for the PHI in question.
4. Subject to validation as described in 3 above, the Privacy Officer will determine necessary and appropriate persons to contact with regard to the request. The Privacy Office will notify any necessary individuals (who may include business associates) of the request, the nature of the request to the extent reasonably necessary to respond, and deadlines for responding to the Privacy Officer.
 - a) The Privacy Officer should determine:
 - i. Who should be involved in any decision concerning the requested amendment or correction, e.g. RSN Administrator, Ombuds, legal counsel.
 - ii. A reasonable time frame for requesting staff input specific to the disposition of the proposed amendment or correction.
 - iii. The above decisions should be based on the significance of facts and circumstances specific to the requested

amendment or correction. Such factors may include but not be limited to: the intended use of the PHI both internally and externally, and the impact of the amendment or correction on the Requestor. For example, a simple change in a relatively insignificant date may be able to be approved easily with very little input from others besides the primary staff involved and the Privacy Officer

- iv. In all cases absent special circumstances, preliminary staff input should be received no later than 7 days from the date CDRSN receives the completed Request Form, if possible, to allow for additional discussion and input.
- b) The Privacy Officer will designate staff members for each requested amendment or correction as described above, and shall be responsible for managing communications with staff members.
- c) The Privacy Officer will, in consultation with the Requestor's primary staff contact, review responses of staff members and determine if there is a consensus on whether or not to approve the proposed amendment or correction.
- v. CDRSN reserves the right to deny any proposed amendment or correction for any of the following reasons:
 1. The record is already accurate and complete;
 2. The information was not created by the CE and the original source is not available to make the correction;
 3. The information is not a part of the designated record set.
 4. PHI in question is not available to the individual because access is not permitted or has been denied under § 164.524 of the HIPAA Privacy Regulations. See Access Policy. For example, an individual's right to access his or her PHI does not extend to psychotherapy notes as defined in the HIPAA rule.
- vi. If there is disagreement among staff members, the Privacy Officer should set up a meeting or conference call to try to reach consensus. The Care Manager and/or Administrator should attend this meeting.
- vii. If at the meeting consensus cannot be reached, the Privacy Officer, in consultation with the Care Manager and/or the Administrator, will make the final decision using the input from all staff members.
- viii. If it appears that the decision cannot be made within the ten-day period required, the Privacy Officer will inform the Requestor of the need for a one-time 11-day extension. This notification shall be made in writing, in plain language explaining why the decision will be delayed and giving the Requestor an estimated date by which CDRSN expects to

render a decision. This notification must be provided to the Requestor within the original sixty-day period.

- a) The Privacy Officer will inform the Requestor of the decision.
- ix. This reply will be in plain language and it will be in writing.
- x. If the amendment is approved, the Privacy Officer will:
- b) Determine with the staff, how and what records are affected by the amendment and should be corrected. This includes the records of any business associates who have and/or use the amended PHI.
 - c) Direct appropriate staff to make the corrections by either attaching the amended information directly to the PHI being amended or by creating a link to the amended information from the original information. In all cases both the amended and original information will be sent together for any future disclosures of this PHI either internally or externally. If disclosure of any PHI containing appended material is made by CDRSN using one of the standard transactions that do not permit additional material, CDRSN reserves the right to transmit the appended material to the recipient of the standard transaction.
 - d) Direct the staff contact to discuss with Requestor and develop a list of who should be informed of the amendment and obtain written agreement of the Requestor to do so.
 - e) Both the client and the staff contact should sign the bottom of the list as in indication that the Requestor has agreed with the list.
 - f) Direct appropriate staff to make reasonable efforts to locate and inform those on the list in c. above of the amendment. Designated staff should make sure that written confirmation, including a copy of the amendment, is sent to all persons on the list who could be located. If staff is not able to locate any person, they should make a notation on the Request for Amendment form. (Reasonable efforts include the following steps: (1) request that the Requestor provide you with their most recent contact information for each individual and/or entity on the list; (2) confirm the contact information via telephone; (3) mail a written copy of the amendment to the confirmed addresses [amendment information cannot be delivered orally nor should it be mailed to non-confirmed addresses]; (4) if the address cannot be confirmed, notify the client and do not send the amendment; and (5) document that you have notified the

Requestor that contact information could not be confirmed by noting on the list next to the name of the individual or entity "Requestor notified that address could not be confirmed" and the date; initial the note.

- g) Inform the Requestor in writing of all actions taken.
- xi. If the amendment or correction is not approved the Privacy Officer will include in the notice of denial the following information:
 - a) The basis for the denial;
 - b) The Requestor's right to file a written statement disagreeing with the denial. The Requestor will be directed to send the statement to the Privacy Officer at the address included in the notice of denial;
 - c) The process for the Requestor to use to file a complaint about the denial, including the name, title, and telephone number of the CDRSN person or office responsible for complaints; and
 - d) The process for filing a complaint with the Secretary of DHHS.
- 5. If the Requestor files a written statement of disagreement with the denial of their amendment request, the Privacy Officer will consult with both the Requestor's primary staff contact and the Administrator to determine if CDRSN wishes to create a rebuttal statement to the written statement of disagreement.
 - a) If CDRSN decides not to file a rebuttal statement, a copy of the request, denial, and statement of disagreement should be attached to the PHI the client asked to be amended and all included in any future disclosures of this PHI.
 - b) If CDRSN decides that it will file a rebuttal statement, this statement along with the request, denial, and statement of disagreement will be included together in any future disclosures of this PHI and a copy of the rebuttal statement will also be mailed to the client.
- 6. The Privacy Officer will be responsible for setting up a meeting with the Requestor and either the Care Manager or the Administrator to discuss any disagreement with the denial.
 - a) The Care Manager or Administrator will then meet separately with the DAT to discuss their reasons for denying the amendment.
 - b) The Care Manager or Administrator will then send a written notice to the Requestor and to staff members, of a final decision.
 - c) The notice to the Requestor will include information on the process for filing a complaint with the Secretary of DHHS, if the decision to deny the amendment is upheld.

PROCEDURE FOR AMENDING PHI HELD IN THE DESIGNATED RECORD SET BUT CREATED BY ANOTHER COVERED ENTITY, HEALTH CARE PROVIDER OR OTHER THIRD PARTY

1. If any CDRSN workforce member receives a notice of amendment of PHI by another Covered Entity or provider, they are directed to immediately notify the Privacy Officer and deliver the notice to the Privacy Officer as quickly as possible.
2. The Privacy Officer in consultation with the Administrator, Care Manager, and/or other relevant staff will determine in which if any, record sets the PHI is located. This includes a determination of whether or not the PHI that has been maintained by CDRSN, amended or corrected, or has been disclosed to any business associates for their use.
3. The Privacy Officer will direct the appropriate staff people to attach or link the notice of amendment and the amendment language to the original PHI.

All future disclosures of this PHI should include both the original and amended information. If disclosure of PHI containing appended material is made by CDRSN using one of the standard transactions that do not permit additional material, CDRSN reserves the right to transmit the appended material to the recipient of the standard transaction.

Documentation retention requirements include:

Policies and procedures for individuals right to amendment of PHI
Amendment Request Form
Notifications
Amendment requests and all related documentation

SEE ALSO

The Designated Record Set
Administrative requirements – documentation retention

Chelan-Douglas Regional Support Network
636 Valley Mall Parkway, Suite 200
East Wenatchee, WA 98802
509-886-6318

MEDICAL RECORD AMENDMENT/CORRECTION REQUEST FORM

Consumer Name: _____

Phone Number (day): _____ Phone Number (night): _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

1) Date of Designated Record Set component or entry to be Corrected: _____

2) Language to be Amended/Corrected: _____

3) Amendment/Correction: _____

4) Reason for the Amendment/Correction: _____

5) Identify persons who have received the Information (prior to Amendment/Correction):

Name Organization/Address	Phone Number
_____	_____

6) Do you authorize us to provide the information in Items no. 3 and no. 4 to the persons and organizations listed in Item no. 5?

Yes _____

No, do not provide the information to:

TO OUR CONSUMERS: You have the right to submit a Medical Record Amendment/Correction Form to be made a part of your designated record set. This right does not permit you to alter or change the original record created by your health care provider or his/her staff. We may deny your request to amend or correct your records. We cannot amend records that we did not create.

Amendment/Correction Accepted: _____

Amendment/Correction Denied: _____

Reason for Denial: _____

This Amendment/Correction Sheet Is to Be Made a Part of the Record of:

Consumer Name: _____

Signature of Consumer: _____

Date: _____

You have the right to have an answer to your request within ten days unless the record is in use or there are unusual circumstances. If there are delays you will be told. The delay cannot be more than 21 days from the date after receiving your request. You will receive an answer in writing.

If we have denied your requested amendment/correction, you have the right to submit a written statement disagreeing with the denial and your reason for disagreement. We may reasonably limit the length of your written statement, and we may prepare a rebuttal to your written statement of disagreement (and provide you with a copy).

If we have denied your requested amendment/correction and you do not submit a written statement of disagreement as discussed above, you may request that we include a copy of this document with any future disclosures of the information identified in Items # 1 and # 2 above.

Please make your request in writing, and sign and date the request.

If you believe we have failed to meet our obligations as explained in our "Notice Of Privacy Practices" or our legal obligations under state or federal law, you may contact the CDRSN Privacy Officer/designee regarding your complaint at 360-416-7013. You may also file a complaint with Secretary of the U.S. Department of Health and Human Services within 180 days of the date you know or should know of the act that is the subject of your complaint. Your complaint to the Secretary must be filed in writing, either electronically or on paper.