Grant County Fire Protection District 3

POLICY AND PROCEDURE

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1. NUMBER: 1.1.07

2. SUBJECT: ***Correction & Amendment of Health Information***

3. POLICY: Patients or their legally authorized representatives have a right to request to amend or correct Health Information maintained by the District. District personnel shall follow the following procedures on receipt of a request to correct or amend Health Information.

4. SCOPE: This Policy and Procedure is applicable to all personnel of Grant County Fire District 3.

5. RESPONSIBILITIES:

   A. The District Fire Chief is responsible for ensuring that this Policy and Procedure is adhered to.

   B. All personnel are responsible for complying with this Policy and Procedure.

6. PROCEDURE:

   A. All requests for correction or amendment must be made in writing on the District's Request to Amend or Correct Health Information form.

   B. All requests shall be immediately directed to the District's Privacy Officer for response.

   C. A response to the request must be provided to the requestor within 10 calendar days. If there is a delay due to unusual circumstances (e.g., if the record is in use), specify in writing, within the 10 calendar days, to the individual:

      1. The reason for the delay.
      2. The date the request will be answered-but no later than 21 calendar days from the date the request was received.

   D. Prior to making a determination, the request should be reviewed by the person who created or prepared the Health Information. The final decision and communication of the decision shall be made by the Privacy Officer.

   E. If the request is approved:

      1. The correction or amendment shall be made in the appropriate record.

2. Mark the record affected by the change as corrected/amended at patient's request.
3. Draw a single line through any information to be modified, and date and sign or initial it.
4. The affected record shall be attached or linked or shall otherwise indicate where in the record the corrected or amended information is located.
5. Send a copy of the correction or amendment to any third-party payor, insurer, health care provider or other individual or entity that previously received the Health Information.
6. Obtain and document the individual's identification of any persons the individual wants notified of the correction or amendment and take reasonable steps to notify such persons of the change within a reasonable time.
7. Document the disclosures.

F. Denials of a request must be based on one of the following reasons:

1. The existing Health Information is accurate and complete.
2. Due to federal and state laws the individual does not have access to the Health Information as provided under the District's Privacy Policy.
3. The record no longer exists or cannot be found.
4. The requested information was not created by the District.
5. The District does not maintain the record. If known, give the individual the name and address of the health care provider who does maintain the record.

G. If the request is denied, in whole or in part, the requestor shall be informed in writing pursuant to the following procedure:

1. Provide the requestor with a denial letter that states the reason for denial and informs the requestor of his or her option to file a statement of disagreement or to have his or her request for correction or amendment included with all future disclosures.
2. Document the reason for denial on the Request to Correct or Amend Health Information form.
3. Add the Request to Correct or Amend Health Information form, any statement of disagreement, and a copy of the denial letter to the Patient's file.
4. Mark the challenged entry to indicate that the Patient claims the entry is inaccurate or incomplete and indicate where the request for amendment and any statement of disagreement is located in the record.
5. Send any statement of disagreement to any third-party payor, insurer, health care provider or other individual or entity that previously received the disputed Health Information.

6. Document the disclosure.
7. Notify the Patient of their right to file a complaint with the District and to file a complaint with the Secretary of the Department of Health and Human Services pursuant to 45 CFR 160.306.

H. Future disclosures of the Health Information must include the written request, the denial and any statement of disagreement. However, if no statement of disagreement is filed, the written request and the denial can be included in future disclosures ONLY upon request by the patient or authorized individual.

I. If notified by another health care entity that an amendment or correction has been made to a Patient's Health Information, then:

1. The correction or amendment shall be filed in the appropriate record.
2. As necessary, mark the record affected by the change as corrected or amended.
3. The affected record shall be attached or linked or otherwise indicate where in the record the corrected or amended information is located.

See Appendix 01_01_07