



ADMINISTRATIVE PRACTICES MANUAL

Amendment of Protected Health Information (PHI) BY Clients

PURPOSE

To set forth the requirements for processing client/patient requests to amend Protected Health Information (PHI).

PROCEDURE

Request for Amendment of PHI

1. A request for amendment will be documented in writing by the client/patient or workforce member on the **Amendment Request Form**. The request will identify the information to be amended, and supporting reasons for the amendment.
2. Dane County will act on the client's/patient's request for amendment no later than 60 days after receipt of the amendment. Dane County is permitted to have a one-time extension of 30 days for processing the amendment if the client/patient is given a written statement [**Amendment Request 30 Day Extension Letter**] of the reason for the delay and the date by which the amendment request will be processed.

Acceptance of Amendment Request

If Dane County accepts the client's/patient's request, Dane County will:

1. Make the appropriate amendment to the PHI as indicated in the request;
2. Inform the client/patient using the **Amendment Request Response** that the amendment request is accepted; and
3. Within a reasonable timeframe, make reasonable efforts to provide the amendment to:
 - a. Persons/entities that Dane County knows have the PHI that is the subject of the amendment and that may have relied on or could foreseeably rely on the information.
 - b. Anyone identified by the client/patient as having received PHI.

Denial of Amendment Request

A request for an amendment may be denied if the PHI requested to be amended:

1. Was not created by Dane County and the originator of the information is available to make the amendment;
2. Is not part of the Designated Record Set;
3. Is not supported by a reason;
4. Is not accessible to the client/patient because federal and/or state law prohibit access; or
5. Was accurate and complete at the time of documentation.

If a client/patient's request for amendment is denied, Dane County will provide the client/patient with a written denial using the **Amendment Request Response** that contains:

1. The basis for the denial;

2. Notification of the right to submit a written statement disagreeing with the denial and how the client/patient may file such a statement;
3. A statement that if the client/patient does not submit a statement of disagreement that the individual may request that Dane County provide the **Amendment Request Form** and the denial with any future disclosures of the client's/patient's PHI that was the subject of the request;
4. A description of how the client/patient may file a complaint with Dane County or the Secretary; and
5. The name or title, and telephone number of the HIPAA Privacy & Security Officer.

Written Statement of Disagreement

If the client/patient does not agree with the denial, they may submit a written statement disagreeing with the denial and the basis for such disagreement. If a statement of disagreement is received, Dane County also append or otherwise link the statement to the records subject to the disagreement, and Dane County will include the material appended, with any subsequent disclosure of the PHI to which the disagreement relates.

Rebuttal of Statement of Disagreement

Dane County will prepare an **Amendment Request Rebuttal** to the written statement of disagreement, which will be provided to the client/patient. Dane County will append or otherwise link the rebuttal to the records that is the subject of the disagreement.

Partial Acceptance/Partial Denial of Amendment Request

When a request for amendment is accepted in part and denied in part, the two parts will be treated separately. The accepted component will be treated in accordance with the section of this policy titled "Acceptance of Amendment Request". The denied component will be treated in accordance with the section of this policy entitled: "Denial of Amendment Request."

Amendments from Other Covered Entities (CE)

If Dane County receives notification from another CE that an individual's PHI has been amended, Dane County will ensure that amendments are made to the client's/patient's record; and will inform its Business Associates (BAs) that may use or rely on the client's/patient's record of the amendment so that the BAs can make the necessary revisions based on the amendment.

DOCUMENTATION

Dane County will maintain the documentation associated with this policy for a minimum of seven years.

ROLES & RESPONSIBILITIES

The HIPAA Privacy & Security Officer is responsible for the implementation, maintenance, and adherence to this policy.

RELATED DOCUMENTS

Definitions

Amendment Request Form

Amendment Request Response

Amendment Request 30 Day Extension Letter

Amendment Request Rebuttal

DOCUMENT VERSION HISTORY

Original: 07/2023