

**CREIGHTON UNIVERSITY
HANDLING PATIENT / PATIENT REPRESENTATIVE REQUESTS TO AMEND A HEALTH
RECORD**

I. PURPOSE

This policy is designed to inform Creighton Personnel in Creighton's Clinics of the process for responding to responding to patient requests that Creighton University amend their clinical health records.

II. POLICY

All Creighton University clinic patients have the right to request amendment of their Creighton University designated health record. Amendments will be made to a patient's designated health record where required by law or deemed appropriate by the University Privacy Officer.

III. SCOPE

This policy applies to Creighton Clinic Pharmacy, Creighton Dental Clinics, Creighton Pediatric Therapy and Creighton Specialty Pediatrics.

The following persons must comply with this policy: all employees, faculty, residents and students rotating through Creighton clinical settings and any students from other institutions rotating through Creighton clinical settings ("Creighton Personnel").

IV. PROCEDURES

A. Receipt of Request for Amendment to a Health Record

1. Where a patient or Patient Representative (as defined below) makes a request for an amendment of the patient's health record, clinical staff may make any routine changes to demographic information.
2. All other requested amendments shall be made in writing to the University Privacy Officer using the form entitled, "Patient Request to Amend Health Record," which is attached to this policy ("Attachment A"). Clinical staff shall provide patients with the appropriate form and directions for submitting the form to the University Privacy Officer.
3. Upon receipt of a request for amendment, the University Privacy Officer shall follow steps outlined in Section IV.B of this policy.

B. Required Response. The University Privacy Officer shall:

1. Review the patient's designated health record and the requested amendment to determine if there is a basis for denial, as provided by Section IV.C. Where the requested amendment impacts the accuracy and completeness of the patient's designated health record, the University Privacy Officer shall seek input from the treating physician.
2. Respond in writing within 60 days after receipt of the request. In the event the University Privacy Officer cannot act on the request within 60 days, the Privacy Officer may extend the time for such action by 30 days, provided that:
 - a. The Privacy Officer provides the patient (or Personal Representative, if applicable) with a written statement of the reasons for the delay and the date by which Creighton will complete its action on the request; and
 - b. There is only one 30-day extension granted for handling any request for amendment.

3. The Privacy Officer's written response to the patient's requested amendment shall be made using the form entitled, "Response to Request to Amend Health Record," which is attached to this policy ("Attachment B"). A copy shall be filed with:

- a. The patient's clinical designated health record; and
- b. The Privacy Officer's Amendment files.

4. The Privacy Officer shall take all necessary steps to make any agreed upon amendments on or before the effective date.

5. The Privacy Officer shall provide a copy of the amended record to those persons or entities identified by the patient as recipients of the original record whom the patient wishes to receive a copy of the amended record.

6. Where a Creighton clinic has disclosed the clinical designated health record to a third party and that third party may rely or have relied upon that information to the patient's detriment, the Privacy Officer shall take all necessary steps to notify those third party recipients of the amendment. The notice shall include a copy of the amendment.

C. Bases for Denial of Amendment. The requested amendment may be denied if the record to be changed:

1. Was not created by Creighton University AND the patient provided no reasonable basis to believe that the originator of the information is no longer available to act upon the requested amendment.
2. Is not part of the patient's designated record set.
3. Is not available to the patient for inspection under 45 CFR 164.524, because it is:
 - a. Psychotherapy notes;
 - b. Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding;
 - c. Subject to CLIA, 42 U.S.C. 263a and access by the individual is prohibited by law; or
 - d. Exempt from CLIA, pursuant to 42 CFR 493.3(a)(2).
4. Is accurate and complete without the requested amendment.

D. Actions Following a Denial of Amendment. In the event the University Privacy Officer denies a patient's request to amend their record, the patient has the right to submit a statement of disagreement with the denial.

1. Where a patient submits a statement of disagreement, the statement shall be included in the patient's designated health record. The University Privacy Officer will include a rebuttal statement, with the treating physician's input, if appropriate.
2. Any future disclosures of the amended record shall include:
 - a. The patient's statement of disagreement with any future disclosures of the amended record and the rebuttal statement; or
 - b. A summary of the statement of disagreement with any future disclosures of the amended record.
3. Where the patient does not submit a statement of disagreement, the patient has the right to request that any future disclosures include information about the patient's requested amendment. In the event a patient makes such a request, University Privacy Officer shall take steps to ensure that all future disclosures of the unamended record include either:
 - a. A copy of the requested amendment and the denial; or
 - b. A summary of both the requested amendment and the denial.
4. If necessary in the University Privacy Officer's judgment, the Privacy Officer may limit the length of the patient's statement of disagreement for placement in the affected record.

V. ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to the Privacy Officer.

VI. DISCIPLINE

Disciplinary action for violations shall be determined in accordance with University's progressive disciplinary policy for Creighton employees. Disciplinary action for violations of this policy by students shall be determined at the school level. Disciplinary action for violations by residents will be determined at the program level. Disciplinary action will be based upon the severity and/or frequency of the violation.

VII. AMENDMENTS OR TERMINATION OF THIS POLICY

This policy may be amended or terminated by Creighton University at any time.

VIII. VIOLATIONS AND INQUIRIES

Any questions about or known violations of this policy should be reported to the University Privacy Officer at 402-280-3469 or via e-mail to privacy@creighton.edu.

IX. REFERENCES

42 USC 1301 et seq., 45 CFR 164.526.

**CREIGHTON UNIVERSITY
REQUEST TO AMEND HEALTH INFORMATION**

This form must be completed and submitted to: University Privacy Officer, Creighton University, 2500 California Plaza, Omaha, NE 68178. Facsimiles are accepted at (402)280-3859. Scanned images are accepted at privacy@creighton.edu.

A. **Patient.** I am requesting that Creighton University amend the health record of the following patient:

NAME _____ **DOB** _____

ADDRESS _____ **SOCIAL SECURITY NUMBER** _____

B. **Record to Be Amended:** The department whose record is to be amended (check all that apply):

- Creighton Dental Clinic Creighton Clinic Pharmacy Creighton Pediatric Therapy Creighton Specialty Pediatrics

C. **Requested Amendment.** I am requesting the following amendment to the patient's health record:

D. **Purpose of Request.** The reason I am requesting this amendment:

E. **Recipient.** Upon making the requested amendment, I ask that Creighton University provide the amended information to the following persons/entities that received the unamended health record

Recipient Name: _____ Recipient Address: _____

Recipient Name: _____ Recipient Address: _____

F. **Acknowledgment.** By my signature below, I acknowledge the accuracy of the information provided above.

Signature of Patient/ Personal Representative

Date

Representative's Relationship to Patient (if applicable)

Representative's printed name

Attachment B

**CREIGHTON UNIVERSITY
RESPONSE TO REQUEST TO AMEND MEDICAL RECORD**

Creighton University is in receipt of your Request to Amend Medical Record regarding the following patient:

NAME _____ **D.O.B.** _____

ADDRESS _____

In accordance with federal law, Creighton University hereby notifies you that:

- It accepts your requested amendment in its entirety.
- It partially accepts your requested amendment. (*to the extent denied, the reason is noted in the next section*)
- It denies your requested amendment. This denial is based on the University Privacy Officer's determination that the patient's record:
 - Was not created by Creighton University, and you have provided no reasonable basis to believe the originator of that record is no longer available to process your request for amendment.
 - That you seek to amend is not part of the patient's designated record set.
 - Is not available to you for inspection under 45 CFR 164.524, because it is:
 - psychotherapy notes
 - information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding
 - Subject to CLIA, 42 U.S.C. 263a and access by the individual is prohibited by law
 - Exempt from CLIA, pursuant to 42 CFR 493.3(a)(2).
 - Is accurate and complete.

The amendment will be as follows:

The amendment will be effective on the date provided below.

Within 5 business dates after the effective date, we will provide the amendment to those individuals/entities you identified as needing the amendment and any business associates identified by Creighton.

Federal law also provides patients with the right to complain to the Secretary of the U.S. Department of Health and Human Services or to Creighton University about a denial of amendment. Complaints to Creighton University may be filed with the University Privacy Officer, 2500 California Plaza, Omaha, NE 68178, (402) 280-3469.

Privacy Officer Signature

Date of Determination

Date Amendment Provided to Affected Clinics

Effective Date