HIPAA Policy – Requests to Amend Protected Health Information
April 8, 2022

SCOPE
This policy applies to Florida Atlantic University’s Covered Components and those working on behalf of the Covered Components for purposes of complying with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

POLICY STATEMENT
FAU Covered Health Care Component (CHCC) patients have the right to request an amendment to their protected health information (PHI) or a record about the patient in a designated record set.

REASON FOR THE POLICY
To ensure that individuals have the right to request an amendment to their PHI if they believe the information is inaccurate or incomplete.

PROCEDURES
A. Receiving a Request for Amendment
   1. Patients requesting an amendment to their PHI must complete a “Request to Amend Medical Records” form.
   2. The CMO or Site Director will review the form and meet with the patient and the appropriate staff members as needed to discuss the request.
   3. The CMO or Site Director will make the decision to grant or deny the request and document this on the Request to Amend Medical Record Form.
   4. The request should be acted upon within 60 calendar days of receipt of the written request. An additional 30 calendar day extension is allowable if written notice of the delay is provided to the individual.

B. Granting the Request for Amendment
   1. If the request for amendment is approved, then the provider will complete a “Patient Request to Amend Medical Records Response Letter” which will be sent Certified U.S. mail or other comparable delivery service to the patient’s home address. If the patient is an FAU student making the request from Student Health Services (SHS), the student’s local address will be used.
   2. The CMO or Site Director, in conjunction with the provider/s, will append the record. No information will be deleted or expunged from the medical record.
3. The CHCC should make a reasonable effort to inform individuals/organizations identified by the patient as having received the information that is to be amended and other individuals/organizations that the CHCC knows to have the information.

C. Denying a Request for Amendment

1. If the request for the amendment is denied, in whole or in part, then the provider will complete a Patient Request to Amend Medical Records Response Letter for the denial of the request, which will be sent Certified U.S. mail or other comparable delivery service to the patient’s home address. If the patient is an FAU student making the request from SHS, the student’s local address will be used. The letter will be written in plain language that contains:
   i. The basis of the denial;
   ii. The individual’s right to submit a written statement disagreeing with the denial and how the individual may file such statement;
   iii. A statement that, if the individual does not submit a statement of disagreement, the individual may request that the CHCC provide the individual’s written request for amendment and the written denial with any future disclosures of the PHI that is subject to the amendment; and
   iv. A description of how the individual may file a concern or complaint to FAU or the Secretary of the Health and Human Services (HHS) in accordance with FAU’s Privacy Practices.

2. A CHCC may deny a patient’s request for amendment if it is determined that the PHI or record that is the subject of the request:
   i. was not created by the CHCC;
   ii. is not part of the designated record set;
   iii. would not be available for inspection under the “Patient’s Right to Access Their PHI” policy; and/or
   iv. is accurate and complete.

3. If the patient submits a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement, then the CMO or Site Director may prepare a written rebuttal.

D. Future Disclosures

In cases where a patient has been denied their request, and:

1. The patient has submitted a statement of disagreement, the CHCC will provide the following with any subsequent disclosures of the PHI that is the subject of the amendment:
   i. The patient’s request for amendment,
   ii. The CHCC denial of the request,
   iii. The patient’s statement of disagreement, and
   iv. The CHCC rebuttal statement, if any, or an accurate summary of any such information.
2. The patient has not submitted a statement of disagreement, the CHCC will include the following, at the patient’s request, with any subsequent disclosures of the PHI that is the subject of the amendment:
   i. The patient’s request for amendment,
   ii. The CHCC denial of the request or an accurate summary of the information.

E. Receiving a notice of amendment from an outside covered entity.

   1. If a CHCC receives a notice of amendment from another covered entity, this will be routed to the CMO or Site Director and the record will be amended.
   2. If records had previously been shared with another provider, the CHCC will share the newly amended record with the provider.

CONTACT
Contact FAU’s Chief Privacy Officer at 561-297-3004 with any questions or comments.