

	POLICY Number: 7311-75-008 Title: AMENDMENT TO PERSONAL HEALTH INFORMATION
Authorization <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Vice President	Source: Privacy Officer Cross Index: Date Approved: March 6, 2009 Date Revised: Date Effective: March 6, 2009 Date Reaffirmed: Scope: SHR and Affiliates

Any PRINTED version of this document is only accurate up to the date of printing. Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policies and Procedures site for the most current versions of documents in effect. SHR accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR.

DEFINITIONS:

Amendment means adding information to an existing record which provides additional information, clarifies or corrects existing information compiled about an individual in the individual's personal health record.

Health care provider means anyone who documents in the health record.

Record means record of personal health information in any form and includes information that is written, photographed, recorded, digitalized or stored in any manner.

Registration Information means information about an individual that is collected for the purpose of registering the individual for the provision of health services, and includes the individual's health services number and any other number assigned to the individual.

1. PURPOSE

1.1 The purpose of this policy is to outline the rights and responsibilities of the individuals, health care providers and Saskatoon Health Region (SHR) with respect to the request for and amendment of personal health information.

2. PRINCIPLES

2.1 Individuals have the right to request an amendment to a record containing their own personal health information, as prescribed in *The Health Information Protection Act*.

2.2 SHR is committed to maintaining accurate records of personal health information in the interest of providing the best possible patient care.

3. POLICY

- 3.1** SHR staff shall review and respond to all verbal and written requests for amendment to personal health information within 30 days of receipt.
- 3.2** The authority to determine if an amendment should/should not be made to personal health information rests with the health care provider who documented the original information and in their absence, the manager/supervisor.
- 3.3** Health care providers shall only amend their own documentation.
- 3.4** No amendment shall destroy or obliterate existing information in the record being amended. The exception is registration information.
- 3.5** Personal health information appropriate to amend is as follows:
- Name and contact information of the individual
 - Information regarding next-of-kin
 - Other administrative, non-substantive information
 - Where personal health information was wrongly filed (i.e. information placed on incorrect patient file due to similar patient name), or another correctable, technical error is present, amendment is appropriate
- 3.6** Personal Health Information shall not be amended when:
- The information was not created by SHR
 - The information is not part of the individual's health record
 - The information is determined accurate and complete by the health care provider
 - The applicant cannot legally act on behalf of the individual.
- 3.7** Clinical observations, professional assessment or opinion, and information regarding prognosis or diagnosis are not appropriate for amendment, unless deemed incorrect by the originating health care provider.
- 3.8** If an amendment request could be expected to have an impact on the ongoing care and treatment of the individual requesting amendment, the health care provider shall ensure all other individuals/organizations who received the original personal health information within the period of one year immediately before the amendment was requested, are advised that the amendment has been requested and / or accepted.
- 3.9** All amendment requests shall be documented in the health record.

4. ROLES AND RESPONSIBILITIES

4.1 Healthcare providers

- 4.1.1 Maintains personal health information/health record with accuracy
- 4.1.2 Reviews requests for amendment to personal health information
- 4.1.3 Makes amendments as required in compliance with this policy and procedure.
- 4.1.4 Forwards all written requests received to the Privacy Office.
- 4.1.5 Consults the Privacy and Access Office if uncertain about how to interpret appropriateness of amendment.

4.2 Managers/Supervisors

- 4.2.1 Reviews requests for amendment to personal health information in cases where the healthcare provider is no longer available or when healthcare provider is unsure of how to proceed.

4.3 Privacy and Access Office

- 4.3.1 Reviews and responds to all written requests for amendments.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Privacy Officer.

6. NON-COMPLIANCE/BREACH

Amending personal health information outside of the parameters of this policy puts SHR and possibly the patient at risk. Such an incident will result in a review of the incident. If the incident is found to be deliberate, the incident will be considered a breach and may result in disciplinary action, up to and including termination of employment.

7. REFERENCES

The Health Information Protection Act.

PROCEDURE

Number: 7311-75-008

Title: AMENDMENT TO PERSONAL HEALTH INFORMATION

Authorization

- Board of Directors
- Senior Leadership Team
- Vice President

Source: Privacy Officer

Cross Index:

Date Approved: March 6, 2009

Date Revised:

Date Effective: March 6, 2009

Date Reaffirmed:

Cross Index:

Scope: SHR & Affiliates

1. PURPOSE

To purpose of this procedure is to establish the process to address requests to amend personal health information.

2. PROCEDURE

Amendment Requests Received by Healthcare Providers

2.1 If the health care provider is accessible (ie. within the facility), forward verbal requests for amendment to the health care provider who made the original documentation.

2.2 Health care provider determines to amend or not to amend his/her documentation in compliance with this policy.

2.2.1 If the request is granted the health care provider/manager/supervisor must, within 30 days of the initial request:

- Indicate “see amendment”, current date and initial or
- the amendment should immediately follow or precede this amendment notation

or

- Make the amendment by crossing through incorrect information with one line, and mark with the amended information, current date, and initial

- 2.2.2 If the verbal request is denied, provide the individual with *Request for Amendment to Personal Health Information Form* to allow the individual to initiate the formal request process. (The Request for Amendment to Personal Health Information Form is recommended, though any written request for amendment will be accepted.) The health care provider must advise the Privacy and Access Office of the decision by sending a copy of the completed request form within 21 days of the original request and attach the original, completed form to the patient's health record.
- 2.3 Complete the bottom portion of the *Request for Amendment to Personal Health Information Form*.
- 2.4 Attach the original *Request for Amendment to Personal Health Information Form* (or letter) to the health record to support the reason for the amendment/denial.
- 2.5 Date stamp and forward a copy of the completed *Request for Amendment to Personal Health Information Form* to the Privacy and Access Office.
- 2.6 In the case of all amendment requests (approved and denied): If the request could reasonably be expected to have an impact on the on-going care and treatment of the individual, the health care provider must forward a copy of the amended information or a copy of the completed *Request for Amendment to Personal Health Information Form* to all persons/organizations who received the original personal health information within the period of one year immediately before the amendment was requested.

Amendment Requests Received by the Privacy and Access Office

- 2.7 If an amendment request is received directly by the Privacy and Access Office, Privacy and Access will advise the health care provider(s) who originally documented the information.
 - 2.7.1 If the health care provider is no longer available to deal with the request, it will be referred to the applicable manager/supervisor.
 - 2.7.2 If the request does not provide adequate information, the Privacy and Access Office may contact the individual for additional information. The date of the request will be the date the complete information was received.
 - 2.7.3 The individual will be advised by the Privacy and Access Office within 30 days of the request that the requested change was not accepted. The individual will be notified that the form will be attached to their record.

- Upon request of the individual, the form will not be attached to the health record.
- The notification letter will include the contact information to appeal the decision.

2.7.4 In the case of all amendment requests (approved and denied): If the request could reasonably be expected to have an impact on the on-going care and treatment of the individual, the health care provider must forward a copy of the amended information or a copy of the completed *Request for Amendment to Personal Health Information Form* to all persons/organizations who received the original personal health information within the period of one year immediately before the amendment was requested.

3. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Privacy Officer.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in a delay in responding to amendment requests.



Request for Amendment to Personal Health Information

Pursuant to *The Health Information Protection Act (Section 13)*, an individual or his/her legally authorized representative who believes information in the individual's health record is incomplete or incorrect may request an amendment to the record. Once complete, please return this form to the Saskatoon Health Region's Privacy and Compliance Department at:

Saskatoon Health Region – Privacy and Compliance Department
Room 3800 Saskatoon City Hospital Telephone: 306.655.7679
701 Queen Street Facsimile: 306.655.7680
Saskatoon SK S7K 0M7

Whose information is being requested to amend:

- My own personal health information
- Another person's health information (attach documentation supporting your authority to act on behalf of that individual)

Patient / Client / Resident Information

Last Name: _____ First Name: _____ Date of Birth _____
City: _____ Province: _____ Postal Code: _____
Health Services Number: _____ Telephone: _____

Date of entry to be amended: _____

Facility: _____

Please explain how the entry is incorrect or incomplete. Attach to this document any additional pages that support your position.

I certify that all of the information above is correct to the best of my knowledge, and that I believe the information within the health record is currently incorrect or incomplete. I understand that this request, even if not accepted, will become part of the permanent health record. I also understand that this form may be shared with other health care providers if the amendment in question could reasonably be expected to have an impact on my on-going care and treatment.

Signature _____ Date _____

For administrative use only

Date Amendment Request received: _____ Accepted Denied (check one)

Date of Amendment (if applicable): _____

If denied, reason for denial:

- Information not created by this organization
- Information is not part of the patient's health record
- Information is accurate and complete
- Applicant cannot legally act on behalf of individual
- Other _____

Name of Health Care Provider: _____ Role: _____

Comments of Healthcare Provider: _____

Signature of Healthcare Provider: _____ Date of Review: _____