



Amendment of Protected Health Information #1660.055

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
October 13, 2020	August 6, 2025	Office of Compliance and Integrity

POLICY STATEMENT

Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and programs) must permit their patients to request the facilities and programs amend Protected Health Information (PHI) about the patient within their medical records, and the facilities and programs must adhere to established procedures in granting or denying a request for amendment.

Facilities and programs are expected to develop procedures or protocols supplementing this policy and procedure when facility and program-specific procedures are needed. As a University-wide policy and procedure, this policy and procedure takes precedence over any facility or program-specific policies, procedures, or protocols that conflict with this policy and procedure, unless prior approval is obtained from the Office of Compliance and Integrity. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Facilities and programs may maintain HIPAA documentation in either paper or electronic form, provided that any format is sufficiently protected to ensure it will be retrievable throughout the required retention period. Unless otherwise indicated in FIU Privacy or Security Rule Policy and Procedure, each facility and program Privacy Coordinator, or designee will be responsible for maintaining all HIPAA documentation relevant to his/her facility or program. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

All facility and program Workforce members shall receive mandatory HIPAA Privacy and Security Rule training. (FIU Policy and Procedure # 1660.075) (HIPAA Privacy and Security Rule Training)

Facility and program Workforce members who fail to adhere to this policy and procedure may be subject to civil and criminal penalties as provided by law, and/or administrative and disciplinary action (FIU Policy and Procedure #1660.085) (Sanctions)

FIU reserves the right to amend, change or terminate this policy and procedure at any time, either prospectively or retroactively, without notice. Any ambiguities between this policy and procedure and the other policies and procedures should be accordingly made consistent with the requirements of HIPAA and state law and regulation. (FIU Policy and Procedure



#1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation).

SCOPE

This policy applies to FIU Components (facilities and programs) contained within FIU's HIPAA Hybrid Designation (FIU Policy and Procedure 1610.005), its Workforce members and Business Associates as defined in this policy, and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

REASON FOR POLICY

To explain a patient's right to request the facilities and programs amend the patient's PHI maintained in their medical records, the steps the facilities and programs must take to grant or deny a patient request, and a patient right to disagree with a denial and to have the denial documented.

DEFINITIONS

Please refer to the following link for a complete list of definitions pertaining to all HIPAA policies.

[HIPAA Policies Definitions](#)

ROLES AND RESPONSIBILITIES

Compliance Oversight:

The Director of Compliance and Privacy for Health Affairs:

- Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
- Develops and maintains all required University-wide Privacy Rule policies and procedures.
- Develops and maintains HIPAA health care Privacy Rule training modules.
- Performs audits and assessments of the facilities and programs to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
- Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

HIPAA Components (Facilities and Programs):

- The FIU HIPAA Hybrid Designated Components (facilities and programs) must designate a Privacy Coordinator responsible for overseeing and ensuring the Facility or program's implementation and compliance with the HIPAA Privacy Rule, FIU's associated HIPAA Privacy Policies and Procedures, and any applicable federal laws and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients for an amendment of PHI.

RELATED RESOURCES

References

- U.S.C. § 1232g ("FERPA")
- Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv)
- 45 CFR §160.306
- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.506
- 45 CFR §164.514
- 45 CFR §164.526
- 45 CFR §164.528
- 45 CFR §164.530
- Florida Statute §456.057
- Florida Statute §95.11

Related Policies

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.005 (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Information)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1660.001 (Representatives)
- FIU Policy and Procedure #1660.040 (Verification)
- FIU Policy and Procedure #1660.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1660.065 (Complaints Under the HIPAA Privacy Rule, Mitigations, Refraining from Intimidating or Retaliatory Acts, and Waiver)



- FIU Policy and Procedure #1660.085 (Sanctions)

CONTACTS

For further information concerning this policy, please contact the Director of Compliance and Privacy for Health Affairs at (305) 348-0622 or hipaaprivacy@fiu.edu, or contact the appropriate Component Privacy Coordinator.

HISTORY

Initial Effective Date: October 13, 2020

Review Dates (*review performed, no updates*): n/a

Revision Dates (*review performed, updates made to document*): October 13, 2020; February 29, 2024; August 6, 2025.



Amendment of Protected Health Information #1660.055a

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PROCEDURE STATEMENT

I. Requests for Amendments

Facility and program Privacy Coordinators are responsible for overseeing and ensuring the facility’s and program’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal laws and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients for an amendment of their PHI within their medical records. Privacy Coordinators may delegate and share duties and responsibilities as necessary and appropriate but retain oversight responsibility. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Facility or program Privacy and Security Coordinators)

- A. When a patient requests an amendment to PHI contained within their medical records, the facility or program Workforce member will request the patient make his/her request in writing and to provide a reason to support a requested amendment by completing a Request for Amendment of Health Information Form (See attached Sample Request for Amendment Form) (hereinafter Amendment Form). However, the Workforce member will accept any written request for amendment if the required information and signature are provided.
- B. The Workforce member will assist the patient with completing the Amendment Form, if necessary.
- C. The Workforce member will honor requests for alternate means of making this request if reasonable accommodations (such as disability or illiteracy) are needed.
- D. Upon receipt of a complete or incomplete Amendment Form, or other written document, the Workforce member must verify the identity of the individual making the request in accordance with FIU Policy and Procedure #1660.040. (Verification)

II. Incomplete Amendment Form

- A. If a patient submits an incomplete Amendment Form, or other written document, the Workforce member will not evaluate the request for amendment until all required information and signature are provided. The Workforce member will:
1. Date stamp the incomplete Amendment Form, or other written document, on the day received,
 2. Document in the patient's medical records:
 - a. That the Amendment Form, or other written document, is incomplete
 - b. The date and time the incomplete Amendment Form, or other written document, was received,
 - c. The name and title of the Workforce member who received the incomplete Amendment Form, or other written document, and
 - d. The reason why the Amendment Form, or other written document, is incomplete.
 3. Make a photocopy of the patient's incomplete Amendment Form, or written document, and
 4. Properly secure the photocopy of the incomplete Amendment Form, or other written document, in the patient's medical records.

NOTE: It is preferable for the Workforce member to contact the patient in-person or via the telephone and advise him/her that required information is missing and their request for amendment cannot be evaluated until the required information is provided, versus mailing a written notice to the patient, as mailing a written notice may unreasonably delay the patient's right to amendment.

- B. Prior to contacting the patient to advise him/her of the need for the missing information, the Workforce member must review the patient's Amendment Form, or other written document, and medical records to identify:
1. If the patient previously identified a preferred method of communication, and/or
 2. If the patient previously requested, and the facility or program agreed to communicate with the patient via alternate means or location. (See FIU Policy and Procedure #1660.005 (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Information) (hereinafter Confidential Communications).
- C. If the patient is not available in-person, or via the telephone, and had not previously requested and been approved for confidential communications, the Workforce member may notify the patient of the need for the missing information by sending the original incomplete Amendment Form, or other written document, and a Cover Letter (See Sample Letter Requesting Complete or Additional Information) (hereinafter Cover Letter) without unreasonable delay to the patient via the United States Postal Service First-Class mail in an envelope that identifies the name of the facility or program.

NOTE: Electronic communications/ means (e.g., email/facsimile/text message) are only available as an option if previously requested by the patient and approved by the Facility or program in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- D. The Workforce member must:
1. Document in the patient's medical records:
 - a. The date, name and title of the Workforce member who completed the delivery, and
 - b. The method of delivery.
 2. Properly secure a copy of the incomplete Amendment Form, or other written document, and Cover Letter in the patient's medical records, and
 3. If the delivery was accomplished via previously approved electronic communication/means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, and
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

III. Properly Completed Amendment Form

- A. Upon receipt of a completed Amendment Form, or other written document, the Workforce member will:
1. Date stamp receipt of the completed Amendment form, or other written document, on the day received,
 2. Complete the "Date Received" and "recipient" portion of the "For FIU Entities USE ONLY" section of the Amendment Form,
 3. Promptly document in the patient's medical records:
 - a. Receipt of the Amendment Form, or other written document, and
 - b. The date, name, and title of the Workforce member who received the Amendment Form, or other written document, and
 4. Properly secure the Amendment Form, or other written document, in the patient's medical records.
- B. The Workforce member and other Workforce members as necessary and appropriate will promptly review and evaluate the Amendment Form, or other written document, and determine whether to grant, delay, or deny the request for Amendment.

C. The Workforce member must act on the patient's request for amendment in a timely fashion, but not greater than 60 days of receipt of a properly completed Amendment Form, or other written document.

D. If the Workforce member is not able to act on the request for amendment within 60 days, the Workforce member may extend the time to act on the request for amendment by not greater than additional 30 days, but the Workforce member must provide the patient with a written statement of the reason(s) for the delay and the date by which he/she will complete the required action on the request for amendment. (See Sample Letter Notifying the Patients of Need for 30-Day Extension in Responding Request for Amendment of Health Information) (hereinafter 30-Day Extension Letter attached).

NOTE: The facility or program Workforce member must ensure delivery of the 30-Day Extension Letter to the patient prior to the expiration of the initial 60-days.

NOTE: The facility or program may have only one 30-Day extension of time for action on a request for access.

E. The preferred method of delivering the facility's or program's 30-Day Extension Letter is in-person; however, delivery may be made to the patient via the United States Postal Serviced First-Class Mail in an envelope that identifies the name of the facility or program.

F. Prior to notifying the patient to advise him/her of the need for an extension of time, the Workforce member must review the patient's medical records to identify:

1. If the patient previously identified a preferred method of communication, and/or
2. If the patient previously requested and the facility or program agreed to communicate with the patient via alternate means or location. (See FIU Policy and Procedure #1660.005 (Confidential Communications))

NOTE: Electronic communications/means (e.g., email/facsimile/text message) are only available as an option if previously requested by the patient and approved by the Facility or program in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

G. The Workforce member must:

1. Document in the patient's medical records:
 - a. The date, name, and title of the Workforce member who completed the delivery of the 30-Day Extension Letter, and
 - b. The method of delivery.

2. Properly secure a copy of the 30-Day Extension Letter in the patient's medical records, and
3. If the delivery is accomplished via electronic communication, the Workforce member must:
 - a. Print a hardcopy of the electronic communication/ means (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

IV. Approving the Request

- A. If the Workforce member grants the requested amendment or receives notification from a Business Associate that it has granted the request to amend, in whole or in part, the Workforce member must no later than 60-days after receipt of the request for amendment:
 1. Make the appropriate amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records in the medical records that are affected by the amendment and appending or otherwise providing a link to the location of the amendment;
 2. Timely inform the patient that the amendment is accepted (See Sample Letter Accepting the Patient's Request for Amendment of Health Information) (hereinafter Acceptance Letter) and obtain the patient's agreement in writing to have the facility or program notify relevant person(s)/entities outside FIU with whom the amendment needs to be shared. (See Sample Request for Notification of Amendment of Health Information Form) (hereinafter Notification Form)

NOTE: The Workforce member will accept written requests for Notification of Amendment of Health Information if the required information and signature are provided.

- B. The preferred method of delivering the facility's or program's Acceptance Letter and Notification Form to the patient is in-person; however, delivery may be made to the patient via the United States Postal Serviced First-Class Mail in an envelope that identifies the name of the facility or program.
- C. Prior to notifying the patient of the approval, the Workforce member must review the patient's medical records to identify:
 1. If the patient previously identified a preferred method of communication, and/or
 2. If the patient previously requested, and the facility or program agreed to communicate with the patient via alternate means or location. (See FIU Policy and Procedure #1660.005) (Confidential Communications)

NOTE: Electronic communications/ means (e.g., email/facsimile/text message) are only available as an option if previously requested by the patient and approved by the facility or program in which case the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

- D. If the patient agreed in writing to have the facility or program notify others of the approved amendment, the Workforce member must make reasonable efforts to inform and provide the amendment within a reasonable time to:
1. Persons and Entities outside of FIU identified by the patient as having received PHI about the patient and needing the amendment, and
 2. Business Associates and other FIU Health Care facilities or programs the Workforce member knows have PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the patient.
- E. The Workforce member must:
1. Date stamp receipt of the Notification Form, or other written document, on the day received,
 2. Document in the patient's medical records:
 - a. Receipt of the Notification Form, or other written document;
 - b. The date, name and title of the Workforce member who received delivery of the patient's Notification Form, or other written document, and
 - c. The date and method(s) the Workforce member used to notify Business Associates, facilities or programs, persons and outside entities of the agreed upon amendment. (See Sample Notification Letter attached)
 3. Properly secure in the patient's medical records the Notification Form, or other written document, and any written documents/correspondence sent to the Business Associate(s), facilities or program(s), and external persons and entities.

V. Denying the Request

- A. If the Workforce member denies the requested amendment in-whole or in-part or receives notification from a Business Associate or other FIU facility or program that it has denied the requested amendment in-whole or in-part, the Workforce member must within not greater than 60-days after receipt of the request for amendment, provide the patient with a written statement (See Sample Letter Denying Patient's Request for Amendment of Health Information attached) (hereinafter Denial Letter) identifying the basis for the denial which are limited to:
1. The facility or program did not create the PHI, unless the patient provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;

2. The PHI is not part of the Designated Record Set/medical records ;
 3. The PHI would not be available for inspection by federal or state law; or
 4. The PHI is accurate and complete.
- B. The Workforce member must identify in the Denial Letter:
1. That if the patient does not submit a statement of disagreement, the patient may request that the facility or program provide the patient's request for amendment and the denial with any future disclosures of the PHI that is the subject of the requested amendment; and
 2. A description of how the patient may complain to the facility or program, the Office of Compliance & Integrity, and the Secretary of Health and Human Services pursuant to FIU Policy and Procedures #1660.065. (Complaints Under the HIPAA Privacy Rule, Mitigation, Refraining from Intimidating or Retaliatory Acts, and Waiver) The description must include the name, or title, and telephone number of the Facility or program Privacy Coordinator and the Director of Compliance and Privacy for Health Affairs with the Office of Compliance and Integrity.
- C. The preferred method of delivery of the facility's or program's Denial Letter to the patient is in-person; however, delivery may be made to the patient via the United States Postal Serviced First-Class Mail in an envelope that identifies the name of the Facility or program.
- D. Prior to notifying the patient to advise him/her of the denial of the requested amendment, the Workforce member must review the patient's medical records to identify:
1. If the patient previously identified a preferred method of communication, and/or
 2. If the patient previously requested, and the facility or program agreed to communicate with the patient via alternate means or location. (See FIU Policy and Procedure #1660.005 (Confidential Communications))
- NOTE:** Electronic communications/ means (e.g., email/facsimile/text message) are only available as an option if previously requested by the patient and approved by the Facility or program in which case, the procedures set forth for delivery and documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.
- E. The Workforce member must:
1. Document in the patient's medical records:
 - a. The date, name and title of the Workforce member who completed the delivery of the Denial Letter, and
 - b. The method of delivery.
 2. Properly secure a copy of the Denial Letter in the patient's medical records, and

3. If the delivery is accomplished via electronic communication, the Workforce member must:
 - a. Print a hardcopy of the electronic communication/ means (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

- F. The Workforce member must permit the patient to submit a written statement if he/she disagrees with the denial of all or part of their requested amendment and the basis of such disagreement. The Workforce member may reasonably limit the length of a statement of disagreement but must identify in the Denial Letter the extent of the limitation.

- G. If the patient submits a statement of disagreement, the Workforce member must:
 1. Date stamp receipt of the statement of disagreement on the day received,
 2. Document in the patient's medical records:
 - a. Receipt of the statement of disagreement, and
 - b. The date, name and title of the Workforce member who received the patient's statement of disagreement.
 3. Properly secure the statement of disagreement in the patient's medical records.

- H. The Workforce member may prepare a written rebuttal to the patient's statement of disagreement. Whenever such a rebuttal is prepared, the Workforce member must provide a copy of the rebuttal to the patient who submitted the statement of disagreement.

- I. The preferred method of delivery of the Facility or program's written rebuttal to the patient is in-person; however, delivery may be made to the patient via the United States Postal Service First-Class Mail in an envelope that identifies the name of the facility or program.

- J. Prior to sending the written rebuttal to the patient, the Workforce member must review the patient's statement of disagreement and the medical records to identify:
 1. If the patient previously identified a preferred method of communication, and/or
 2. If the patient previously requested, and the facility or program agreed to communicate with the patient via alternate means or location. (See FIU Policy and Procedure #1660.005 (Confidential Communications))

NOTE: Electronic communications/means (e.g., email/facsimile/text message) are only available as an option if previously requested by the patient and approved by the Facility or program in which case the procedures set forth for delivery and

documentation as outlined in FIU Policy and Procedure #1660.005 (Confidential Communications) shall apply.

VI. Recordkeeping

- A. The Workforce member must, as appropriate:
 - 1. Identify the record or PHI in the Medical records that is the subject of the disputed amendment; and
 - a. Append or otherwise link:
 - 1. The patient's request for an amendment,
 - 2. The Workforce member's denial of the request,
 - 3. The patient's statement of disagreement, if any, and
 - 4. The Workforce member's written rebuttal, if any, to the medical records.

VII. Future Disclosures

- A. If the patient submits a statement of disagreement, the facility or program Workforce members must:
 - 1. Include the material appended, or
 - 2. At the election of the Workforce member, provide an accurate summary of any such information with any subsequent disclosure of the PHI to which the disagreement relates.
- B. If the patient did not submit a written statement of disagreement, the facility or program Workforce members must:
 - 1. Include the patient's request for amendment and the facility's or program's denial, or
 - 2. An accurate summary of such information, with any subsequent disclosure of the PHI ONLY if the patient has requested such action be taken.
- C. When a subsequent disclosure is made, or is made as part of a standard transaction that does not permit the additional material to be included with the disclosure, the Workforce member may separately transmit the material required, as applicable, to the recipient of the standard transaction.

VIII. Implementation Specification: Actions on Notices of Amendment.

- A. The Workforce member must amend the PHI in the patient's medical records if informed by another Covered Entity of an amendment to the patient's PHI.

IX. Record/ Documentation Retention

A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (e.g., the facility or program) will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

X. **Forms**

- Sample Request for Amendment Form
- Sample 30-Day Extension Letter
- Sample Acceptance Letter
- Sample Request for Notification Form
- Sample Denial Letter