



Amendment of Protected Health Information #1660.055

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
October 13, 2020	February 29, 2024	Office of Compliance and Integrity

POLICY STATEMENT

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

As a University-wide policy and procedure, this policy and procedure takes precedence over any Component-specific policies, procedures, or protocols that conflicts 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)

Components 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 Component Privacy Coordinator, or designee will be responsible for maintaining all HIPAA documentation relevant to his/her Component. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

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

Component 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)

Each Component must designate a HIPAA Privacy Coordinator and a HIPAA Security Coordinator. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

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’s HIPAA Health Care Components 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 right to request the Component amend the patient PHI maintained in the Designated Record Set, the steps the Component 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

TERM	DEFINITIONS
Availability	Means the property that data or information is accessible and useable upon demand by an authorized person.
Administrative Officer	Means the Component Workforce member responsible for financial management, human resources administration, management of facilities and equipment, and other administrative functions required to support the teaching and research missions of the FIU HIPAA Hybrid Designated Health Care Component. The Administrative Officer is the senior administrative staff position in the department, Division or Office and provides continuity as academic leadership changes.
Business Associate	Generally an entity or person who performs a function involving the use or disclosure of Protected Health Information (PHI) on behalf of a covered entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a covered entity that require the disclosure of PHI (such as legal, actuarial, accounting, accreditation). NOTE: A business associate relationship exists when an individual or entity, acting on behalf of an FIU HIPAA Component(s), assists in the performance of a function or activity involving the creation, use, disclosure, or access of PHI. This includes, but not limited to, claims processing or

	<p>administration, data analysis, utilization review, quality assurance, billing, benefit management or repricing.</p> <p>NOTE: A Business Associate may include any individual or entity that receives PHI from a HIPAA Component in the course of providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, software support, or financial services. A Business Associates does not, however, include HIPAA Component workforce members.</p>
Code of Federal Regulations	Also known as CFR is the codification of the general and permanent regulations promulgated by the executive departments and agencies of the federal government of the United States.
Component	Means a component or combination of components of a hybrid entity designated by the hybrid entity (Florida International University). Those programs designated by FIU that must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, hereinafter referred to as "Components". Components of FIU are required to comply with the Administrative Simplification provisions of HIPAA because the Components perform a covered function.
Covered Entity	<p>An entity that is subject to HIPAA.</p> <ol style="list-style-type: none"> 1. a health plan; 2. a health care clearinghouse; and/or <p>a health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.</p>
Designated Record Set	<p>Means:</p> <ol style="list-style-type: none"> 1. A group of records maintained by or for a covered entity that is: <ol style="list-style-type: none"> a. The medical records and billing records about clients maintained by or for a covered health care provider; b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or c. Used, in whole or in part, by or for the covered entity to make decisions about clients. 2. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

Electronic Protected Health Information (ePHI)	PHI in electronic form. See also: <u>PHI</u>
Florida Statutes	Also known as F.S. are the codified statutory laws of Florida
Health Care Component	Means a component of a hybrid entity designated by the hybrid entity that functions as a health care provider, as defined by HIPAA. See "Component"
Health Care Provider	Means a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.
U.S. Department of Health and Human Services	Also known as HHS is a cabinet-level executive branch department of the U.S. federal government created to protect the health of the U.S. people and providing essential human services.
Health Information	Means any information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an patient; the provision of health care to an patient; or the past, present, or future payment for the provision of health care to an patient.
HIPAA	Means the Health Insurance Portability and Accountability Act of 1996.
Hybrid Covered Entity	Means a single legal entity that performs both covered and non-covered functions. The entity has a defined health care component that engages in HIPAA electronic transactions.
Patient	The person who is the subject of the PHI.
Personal Representative	Means someone with the legal authority to act on behalf of an incompetent adult client, a minor client or a deceased client or the client's estate in making health care decisions or in exercising the client's rights related to the client's protected health information.
Privacy Coordinator	Means an FIU Workforce member, appointed by the director, manager, or supervisor of a HIPAA Designated Component to conduct and/or coordinate with necessary and appropriate Workforce members all HIPAA Privacy Rule activities and actions within the Component, including but not limited to tracking HIPAA training activities; coordinating HIPAA Privacy Rule implementation; participating in HIPAA Privacy and Security Rule violation investigations, as necessary and appropriate, communicating with the Director of Compliance and Privacy for Health Affairs, the HIPAA Security Officer, and the

	Office of General Counsel, as necessary and appropriate, regarding HIPAA Privacy and Security Rule activities and concerns; conducting and reporting monitoring activities; participate in assessments; and responding to, tracking and documenting HIPAA Privacy Rule activities. Maintain ongoing communication with the Director of Compliance and Privacy for Health Affairs and the HIPAA Security Officer.
Privacy Rule	The regulations at 45 CFR 160 and 164, which detail the requirements for complying with the standards for privacy under the administrative simplification provisions of HIPAA.
Protected Health Information (PHI)	Means any individually identifiable health information collected or created in the course of the provision of health care services by a covered entity, in any form (written, verbal or electronic). PHI relates to the past, present, or future physical or mental health or condition of an individual or the past, present, or future payment for the provision of health care to an individual. Protected Health Information however specifically excludes: <ol style="list-style-type: none"> 1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g (“FERPA”); 2. Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and Employment records held by a covered entity in its role as an employer.
Secretary	Means the Secretary of Health and Human Services or any other officer or employee of HHS to whom the authority involved has been delegated.
Standard Transactions	Standard transactions include the following: <ol style="list-style-type: none"> 1. Health care claims or equivalent encounter information. This transaction is used when submitting claims to a health insurer. 2. Health care payment and remittance advice. This transaction is used for receiving payment and/or remittance information from a health insurer for claims. 3. Coordination of benefits. This transaction is used to determine the payment responsibilities of a health insurer. 4. Health care claim status. These transactions are used to contact and receive information from a health insurer about the status of a claim. 5. Enrollment and disenrollment in a health plan. This transaction is used to enroll members in a health plan. 6. Eligibility for a health plan. These transactions are used to contact and receive information from a health insurer about the eligibility and benefits of a patient.

	<p>7. Health plan premium payments. This transaction is used to make premium payments for health insurance coverage.</p> <p>8. Referral certification and authorization. This transaction is used to send or receive referrals or authorizations.</p> <p>9. First report of injury. Although this is listed as a standard transaction in the administrative simplification provisions of HIPAA, guidance for the uniform transmission of First Report of Injury information has not yet been fully developed.</p> <p>10. Health claims attachments. This transaction is not yet effective; however, as noted above with respect to First Report of Injury transactions, until such standards are effective, the electronic transmission of Health Claims Attachment information does not render a health care provider a covered entity.</p> <p>11. Health care electronic funds transfers (EFT) and remittance advice. See also Number 2.</p> <p>12. Other transactions that the Secretary may prescribe by regulation.</p>
<p>Use</p>	<p>With respect to patient identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.</p>
<p>Workforce</p>	<p>Means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity (FIU HIPAA Component) or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.</p>

ROLES AND RESPONSIBILITIES

1. **Compliance Oversight:** The Office of University Compliance and Integrity (University Compliance)
 - Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
 - Creates and maintains in coordination with the Office of General Counsel and the HIPAA Hybrid Designated Component Privacy Coordinators all required University-wide Privacy Rule 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.

2. **HIPAA Components:**
 - Each FIU HIPAA Hybrid Designated Component must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’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 FIU Office of Compliance & Integrity at (305) 348-2216, compliance@fiu.edu, hipaaprivacy@fiu.edu, or 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.



Amendment of Protected Health Information #1660.055a

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PROCEDURE STATEMENT

I. Requests for Amendments

Each Component must designate a Privacy Coordinator responsible for overseeing and ensuring the Component’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 Designated Record Set. 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 Component Privacy and Security Coordinators)

- A. When a patient requests an amendment to PHI contained within their Designated Record Set, the Component 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 Component 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 Component (e.g., Center for Children and Family).

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 Component 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 Component must ensure deliver the 30-Day Extension Letter to the patient prior to the expiration of the initial 60-days.

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

E. The preferred method of delivering the Component'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 Component (e.g., Center for Children and Family).

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 Amendment Form, or other written document, 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 Component 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 Component 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 Component notify relevant person(s)/entities outside of the FIU HIPAA Hybrid Components 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 Component'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 Component (e.g., Center for Children and Family).
- C. Prior to notifying the patient of the approval, the Workforce member must review the patient's Amendment Form, or other written document, 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 Component 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 Component 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 Component 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 Components 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, Components, 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), Component(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 Component 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 Component 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;
 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 Component 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 Component, the Office of Compliance & Integrity, and/or to 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 Component 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 Component'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 Component (e.g., Center for Children and Family).
- 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 Amendment Form, or other written document, 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 Component 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 Component 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 Component's written rebuttal 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 Component (e.g., Center for Children and Family).
- 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 Component 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 Component 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 Designated Record Set 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 Component 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 Component Workforce members must:
 - 1. Include the patient's request for amendment and the Component'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 Designated Record Sets 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 Office of Compliance and Integrity or the Component) 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