



PSYCHIATRIC HEALTH FACILITY POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - **MEDICAL RECORDS**

Effective: 4/6/2011

Policy- **RIGHT TO AMEND MEDICAL RECORDS #P14**

Revised: 4/6/2011

PHF CEO's Approval

Date: 4/6/2011

Executive Medical Staff Chair's Approval

Date: 4/6/2011

Committee Chair's Approval

Date: 4/6/2011

Form Ref.

POLICY:

It is the policy of the Santa Barbara County Mental Health Plan (SBC MHP) to comply with all state and federal laws, regulations, and contractual requirements, as well as relevant professional standards and practices, related to medical records.

The HIPAA Privacy Rule gives consumers the right to have the MHP amend Protected Health Information (PHI) in their medical record for the Psychiatric Health Facility (PHF) when the information is inaccurate or incomplete.

If the MHP accepts an amendment request, the MHP must make reasonable efforts to provide the amendment to persons who the consumer individual has identified as needing it, and to persons who the MHP knows might rely on the information to the consumer's detriment.

If the request is denied, the MHP must provide the consumer with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. Denial of a request for amendment is only permitted under specified circumstances.

In addition, HIPAA requires that the PHF amend PHI in its medical records upon receipt of notice to amend from another covered entity.

Legal Reference: 45 C.F.R. § 164.526

PROCEDURE:

A. Every consumer or legal guardian has the right to submit a written request for amendment of his or her PHF medical record if the consumer/guardian believes that the record contains specific information which is inaccurate or incomplete.

1. Upon receipt of such a request, PHF staff will note the date the request is received.

2. If a consumer/guardian makes a verbal request for amendment, or if the consumer or legal guardian requests assistance in developing a written request, the consumer/guardian will be referred to the Consumer Rights Advocates for assistance.
 3. Upon receipt of a written request for amendment, a licensed Physician (including a Psychiatrist), Registered Nurse, Psychologist, Licensed Clinical Social Worker, Marriage and Family Therapist, or Psychiatric / Mental Health Nurse will be assigned to review the request, based on scope of practice as determined by the PHF Manager and/or MHP Medical Director.
 - a. For example, if the request is to amend information regarding physical health, a licensed Physician or Registered Nurse will review the request. If the request is to amend information regarding mental health, a will review the request.
 - b. If the PHF Manager or MHP Medical Director determine that it would be appropriate for more than one licensed professional to review the request, such persons will be assigned. One such professional will be designated as the reviewing professional, who will coordinate review with others assigned.
 - c. The reviewing professional may consult with other staff as he or she determines appropriate.
- B. The request to amend will be denied only if the reviewing professional, after consultation as appropriate, determines that at least one of the following circumstances is present:
1. The information in the medical record is accurate and complete.
 2. The PHF did not create the information.
 - a. If the consumer or legal guardian presents a reasonable basis to believe that the individual or agency which created the information is no longer available, the request to amend will be forwarded to the Medical Records Administrator for further action.
 3. The information specified by the consumer or legal guardian is not part of the consumer's PHF medical record.
 4. The MHP has the right to exclude the information from access by the consumer or legal guardian.
- C. If the request to amend is denied, the reviewing professional provides written notification to the consumer or legal guardian, stating the reason for denial, within 30 calendar days of receipt of the request.
1. The notification of denial must include a notification that the consumer/guardian has the right to submit a written and signed statement of disagreement, and that such a statement will be included in the medical record.
 2. If a written and signed statement of disagreement is received, the statement will be included in the consumer's medical record.
- D. If the reviewing professional does not find any of the reasons for denial, the request to amend is approved.
1. Upon approval of a request to amend, the reviewing professional provides written notification to the consumer/guardian within 30 calendar days of receipt of the request.
 2. Such notification includes notification that the consumer/guardian has the right to specify individuals who need the amended information, and that such specification must be made in writing and signed by the consumer or legal guardian and mailed or delivered to the Medical Records Administrator or designee.
 - a. Within 30 calendar days of receipt of such a signed statement, the Medical Records Administrator or designee will provide the information to the identified individuals by fax or mail.
 3. Upon approval of a request to amend, the reviewing professional or by the PHF Manager will notify the Medical Records Administrator or designee. The Administrator or designee then takes appropriate actions to ensure that

the amended information is included in the consumer's medical record, and that the medical record clearly indicates that specific information has been amended.