

VNS HEALTH CORPORATE POLICY & PROCEDURE

TITLE: Individual's Right to Amend Health Information Maintained in a Designated Record

APPLIES TO: VNS Health Home Care, including the Home Care, and Care Management Organization (CMO) divisions;
VNS Health Behavioral Health, Inc.;
VNS Health Personal Care;
VNS Health Health Plans;
VNS Health Hospice Care; and
Medical Care at Home, P.C. (collectively, "VNS Health")

POLICY OWNER: Corporate Compliance Department

APPROVED: August 9, 2005

NUMBER: HIPAA.6

POLICY

VNS Health complies with the Health Information Portability and Accountability Act of 1996, Health Information Technology for Economic and Clinical Health, and their respective implementing regulations (collectively "HIPAA"). In accordance with HIPAA, with certain exceptions, an individual or the individual's legal representative has the right to request an amendment to their, or the patient's health information maintained in a Designated Record. VNS Health will require that any requests to amend health information be made in writing. All requests for amendments to their health information will be received and processed by the VNS Health Chief Compliance and Privacy Officer ("Privacy Officer") or designee.

PROCEDURE

I. Timely Manner of Responding to Requests for Amendment.

- A. **60-Day Rule.** VNS Health will act on an individual's written amendment request within sixty (60) days of its receipt as described below, unless an extension is required.
- B. **Extension Allowed.** If VNS Health is unable to act on an amendment request within sixty (60) days of its receipt, VNS Health may extend the deadline for its response for up to thirty (30) days. To have such an extension, VNS Health must, within sixty (60) days of its receipt of the written request, provide the individual with a

written statement of the reasons for the delay and the date by which VNS Health will complete its processing of the request using the template attached as Exhibit A. VNS Health may have only one such extension of time for any request for an amendment.

II. Accepting the Amendment.

- A.** If VNS Health decides to accept a requested amendment, in whole or in part, VNS Health will make the amendment by identifying the records that are affected by the amendment and then appending the amendment to the record or otherwise indicating the location of the amendment. The Privacy Officer's designee will also notify the individual using the letter template attached as Exhibit A. VNS Health will inform the individual that the amendment has been accepted.
- B.** VNS Health will obtain the individual's agreement to have the amended health information shared with other persons, when necessary. If the individual agrees, VNS Health will make reasonable efforts to provide a copy of the amendment within a reasonable time to: (i) persons identified by the individual as having received the health information previously and needing a copy of the amendment; and (ii) persons, including business associates, that VNS Health identifies as having the erroneous health information and which may have relied, or could foreseeably rely, on such information to the detriment of the individual. The Privacy Officer will guide this process.

III. Denying an Amendment Request.

- A. Grounds for Denial.** VNS Health may deny an individual's request for an amendment to their health information under the following circumstances:
 - 1. VNS Health did not create the health information at issue (i.e., the records were created by another healthcare provider). However, if the individual provides a reasonable basis to believe that the creator of the health information is no longer available to act on the requested amendment, VNS Health will address the request as if VNS Health created the records;
 - 2. The requested amendment is to a record which: (i) is not a Designated Record, or (ii) the individual would otherwise not be and/or allowed access based on this policy and procedure.
 - 3. VNS Health determines the health information in question is accurate and complete.
- B. Written Denial.** If VNS Health denies a requested amendment, in whole or in part, VNS Health will provide the individual with a written denial within sixty (60) days of

its receipt of the individual's amendment request, using the template attached as Exhibit A. The written denial must comply with the following:

1. explain the basis for the denial;
2. indicate the individual's right to submit a written statement disagreeing with the denial, and explain the process by which the individual may file such a statement. If the individual does submit a statement of disagreement, VNS Health will include the statement with the records at issue. This statement of disagreement, or an accurate summary of the statement, will be included with any future disclosures of such records. VNS Health may reasonably limit the length of a statement of disagreement, and VNS Health may prepare a written rebuttal to an individual's statement of disagreement;
3. explain that, if the individual does not submit a statement of disagreement, the individual may request that with any future disclosures of the disputed health information, the individual's request for amendment and the denial will be included; and
4. include a description of the steps the individual may take to complain to VNS Health and/or to the U.S. Department of Health and Human Services.

IV. **Amendments Made by Other Covered Entities.** If VNS Health is informed by another covered entity (e.g., another provider or a health plan) of an amendment made by the covered entity to an individual's health information, VNS Health will include the amendment in any patient/member records maintained by VNS Health for the individual, to the extent applicable. Additionally, all Business Associates will be requested, upon receipt of a notice of an amendment, to incorporate any necessary amendments to patient/member records maintained by them on VNS Health's behalf.

V. **Documentation.** VNS Health will maintain documentation of compliance with this policy for ten (10) years.

REFERENCES: 45 CFR §§ 164.502(g), 164.524 AND 45 CFR §164.526

Reviewed:		9/2005	11/2007	9/2013	1/2015	11/2016
Revised & Approved:	8/2005	9/2005	11/2007	9/2013	1/2015	11/2016
Reviewed:	4/2018	10/2019	10/2020	3/2022	6/2023	
Revised & Approved:	1/2019	1/2020	3/2021	6/2022	9/2023	

Attachment A

Sample Letters

Denial Letter

[Date]

Via Certified Mail

Patient/Member Name and Address

Re: Denial of Request for Amendment of Protected Health Information for Patient/Member
Medical Record Number: _____

Dear _____:

Thank you for submitting your request for amendment of your protected health information. We received your request on _____ [insert date]. The Privacy Officer has reviewed your request and is denying your request, as specified, because:

- ⚙ We did not create this information. Instead you can contact: [name and address of the health care provider who did create the information]
- ⚙ The requested amendment is to a record that is not a part of your patient/member record, and you do not have a right to amend this record.
- ⚙ The record no longer exists or cannot be found.
- ⚙ We have determined that the information in question is accurate.

If you disagree with this denial, you may submit a statement of disagreement by sending it to the Chief Compliance & Privacy Officer, VNS Health, 220 East 42nd Street, 6th Floor, New York, NY 10017. If you do not wish to submit a statement of disagreement, you may request that your request for an amendment and this denial be provided with any future disclosure of your patient record.

You may also file a complaint with VNS Health by contacting the Chief Compliance & Privacy Officer at the address above or by calling (212) 609-7470.

If you feel that you would like to file a complaint with the Secretary of the U.S. Department of Health and Human Services, please follow the instructions at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Sincerely,

VNS Health Chief Compliance & Privacy Officer

Letter of Rebuttal

[Date]

Via Certified Mail

Patient/Member Name and Address

Re: Response to the Statement of Disagreement for Denial of Request for Amendment of Protected Health Information for Patient/Member Record Number ____

Dear _____:

On _____, we received your “statement of disagreement” in response to our letter notifying you that we denied your “request for amendment of protected health information.” As part of the amendment request procedure, your initial request, your statement of disagreement, and supporting documents were further reviewed, along with your medical record, and the Privacy Office determined that:

- ⚙ The initial request for amendment of protected health information that you submitted will be honored and the requested amendment will be made.
- ⚙ Your request continues to be denied. Your request for amendment, our denial of the request, your statement of disagreement, and our rebuttal, will be added to your medical record and will be included with any future disclosures regarding that information.

If you feel that you would like to file a complaint with the Secretary of the U.S. Department of Health and Human Services, please follow the instructions at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Sincerely,

VNS Health Chief Compliance & Privacy Officer

Letter of Acceptance

[Date]

Via Certified Mail

Patient/Member Name and

Re: Acceptance of Request for Amendment of Protected Health Information for
Patient/Member Record Number _

Dear _____:

Thank you for submitting your request for amendment of your protected health information, which was received on
_____. The Privacy Office has reviewed your request and is granting your request, as specified.

The appropriate amendment has been made and added to your medical record, and will be included with future disclosures of your protected health information. In accordance with 45CFR Part 164.526(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), at your request, VNS Health will forward the amended information to the organizations or persons with whom you need to share the amendment you requested. If you would like us to do so, please provide the Privacy Office with a written list which is signed and dated by you, and indicates the name and address of each organization or person for us to forward the information.

Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information.

Sincerely,

VNS Health Chief Compliance & Privacy Officer

Requesting Extension

[Date]

Via Certified Mail

Patient/Member Name and Address

Re: Need for Extension in Processing Request for Amendment of Protected Health Information

Dear _____:

Thank you for submitting your request for amendment of your protected health information. It was received on _____.

At this time, we are notifying you of the need for a thirty (30)-day extension in processing your request for amendment. This extension is necessary for the following reason(s):

(Insert Explanation/Reason for Extension)

We will notify you of our decision with regard to your request within the next (thirty) 30 days.

Thank you for providing this opportunity to serve you and improve the accuracy and completeness of your health information.

Sincerely,

VNS Health Chief Compliance & Privacy Officer