

**Weber Family Chiropractic PC**  
**Patient Right to Request Amendment or Correction of Health Information**

Policy No.: 7

Issue Date: 04/14/03

Revision Date: 10/01/2013

Approvals: Dr. Scott Weber  
Title: Office Manager

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Title:

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**I. POLICY**

It is the policy of Weber Family Chiropractic PC to allow a patient or the patient's authorized representative to request an amendment or correction to the patient's health information. Weber Family Chiropractic PC is not required to agree to the amendment or correction. However, if Weber Family Chiropractic PC does agree to the amendment or correction, Weber Family Chiropractic PC will ensure that all persons using the patient's health information, both in Weber Family Chiropractic PC and outside Weber Family Chiropractic PC are aware of the amendment or correction. This Policy supersedes any previous policy on this subject.

**II. PURPOSE**

The purpose of this Policy is to outline the specific procedures to be followed in evaluating and responding to a patient's request to amend or correct the patient's health information. It also outlines the steps to take when Weber Family Chiropractic PC receives an amendment or correction to health information in its files.

**III. SCOPE**

This Policy applies only to health information of the patient that has been created by Weber Family Chiropractic PC and is subject to inspection by the patient or the patient's authorized representative. It does not apply to health information that Weber Family Chiropractic PC receives from another health care provider or other person.

**IV. PROCEDURES**

1. If a patient requests to amend or correct the patient's health information, the receptionist will ask the patient to complete a Request to Amend or Correct Health Information Form ("Form").
2. The Form may be submitted in person, by mail or by facsimile. If mailed or faxed, the receptionist will instruct the patient to return the completed Form to the attention of Dr. Scott Weber. The receptionist will give all completed Forms to Dr. Scott Weber.

3. Dr. Scott Weber will review the Form to ensure that the Form is complete and has been signed and dated by the patient. If the Form is not complete, Dr. Scott Weber will contact the patient to provide instructions for completion of the Form. The deadlines in this Policy will be calculated from the date of receipt of a completed Form.

4. Dr. Scott Weber will review the completed Form and will consult with personnel in charge of medical records to determine if the health information to be amended or corrected is:

- a. in the medical record maintained by Weber Family Chiropractic PC;
- b. health information that Weber Family Chiropractic PC created; and
- c. health information that is subject to inspection by the patient. For more detail as to the information that may be inspected, see Policy No. 8 (Inspection and Copying of Health Information).

5. If the health information to be amended or corrected does not meet all of the requirements in No. a – c above, Dr. Scott Weber will send a denial letter (in the form attached to this Policy) to the patient within sixty (60) calendar days after receipt of the completed Form. If Dr. Scott Weber will be unable to evaluate the request within 60 days, Dr. Scott Weber will follow the procedure in No. 10 below. The denial letter will contain the following elements:

- a. the reason(s) for denial;
- b. an explanation of the patient's right to submit within thirty (30) days from the date of the letter, a written statement disagreeing with the denial, no longer than one page;
- c. a statement that, if the patient does not submit a statement of disagreement, the patient may request that Weber Family Chiropractic PC include the request and denial with any disclosures of the health information subject to the request; and
- d. a description of how the patient can make a complaint regarding the denial of amendment or correction.

6. If Dr. Scott Weber denies the amendment, Dr. Scott Weber will await any written statement of disagreement or request under 5.c above from the patient.

- a. If the patient submits a written statement of disagreement within thirty (30) days, Dr. Scott Weber may prepare a written rebuttal to the statement of disagreement. Dr. Scott Weber will send a copy of any written rebuttal and the Written Rebuttal Form Letter to the patient. Dr. Scott Weber will place a copy of the request Form, the denial letter, the statement of disagreement and the written rebuttal, if any, in the patient's medical record and a note next to the entry that was the subject of the request that the Form, denial letter, statement of disagreement and rebuttal are to be sent with any disclosures of the subject entry; Dr. Scott Weber will also retain a copy of all of the documents in a file maintained by Dr. Scott Weber specifically for this purpose and will forward a copy to personnel in charge of medical records who will keep a copy in a notebook for future reference.
- b. If the patient does not submit a statement of disagreement but makes a request under

5.c above, Dr. Scott Weber will follow the procedure in 6.a above with respect to the Form and the denial letter.

- c. If the patient does not submit a statement of disagreement or a request under 5.c above, Dr. Scott Weber will retain a copy of the Form and denial letter in a file maintained by Dr. Scott Weber specifically for this purpose.

7. If the health information does meet all of the criteria in No. 4 a - c above, Dr. Scott Weber will consult with the practitioner who made the entry in the medical record as to whether the practitioner believes that the entry, in whole or in part, is complete and accurate and as to whether the practitioner has any objection to the amendment or correction requested by the patient.

- a. If the practitioner believes that the entry is complete and accurate and no amendment or correction should be made, Dr. Scott Weber will deny the request and follow the procedure in No. 5 above.
- b. If the practitioner believes that the entry is complete and accurate but that the amendment or correction requested by the patient is not objectionable, Dr. Scott Weber will weigh the burden of making the correction or amendments to the health information versus the benefit to the patient of making the amendment or correction. If Dr. Scott Weber decides to deny the request, Dr. Scott Weber will follow the procedure in No. 5 above.
- c. If the practitioner agrees with the patient that the entry, in whole or in part, is not complete and accurate, Dr. Scott Weber will approve the request to amend or correct the health information and will follow the procedure in No. 8 and 9 below.

8. If it is determined that the request for amendment or correction will be approved, Dr. Scott Weber will:

- a. identify the entries in the medical record that are affected by the amendment or correction and make a margin note or other link to the location of the amendment or correction;
- b. send a letter (in the form attached to this Policy) within sixty (60) days after receipt of the completed Form, notifying the patient that Weber Family Chiropractic PC has agreed to amend or correct, in whole or in part, the identified health information and requesting the patient to provide a list of the names and addresses, within twenty-one (21) days, of those individuals or entities that should be notified of the amendment or correction. If Dr. Scott Weber will be unable to evaluate the request within 60 days, Dr. Scott Weber will follow the procedure in No. 10 below; and
- c. forward a copy of the Form and the Amendment to personnel in charge of medical records, who will keep the copy in a notebook for future reference.

9. As soon as the patient responds to the request in No. 8.b above, Dr. Scott Weber will:

- a. Notify all individuals and entities listed by the patient, attaching a copy of the Amendment Form (attached to this Policy); and
- b. Notify all persons, including business associates, that Dr. Scott Weber knows have the health information that is to be amended or corrected and have relied upon, or may have relied upon, such health information to the detriment of the patient; and
- c. Place a copy of the Form (with bottom portion completed), letters and notices in a file maintained by Dr. Scott Weber specifically for this purpose.

10. If Dr. Scott Weber will be unable to evaluate the request and respond to the patient within sixty (60) days of receipt of the completed Form, Dr. Scott Weber will send a Notice of Extension form letter to the patient to notify the patient that the deadline for responding to the request has been extended. The time frame for responding may be extended only once and only for a period of up to thirty (30) days beyond the original deadline.

11. If Weber Family Chiropractic PC receives notice of an amendment or correction to health information that has been forwarded to Weber Family Chiropractic PC from the patient, another health care provider or a health plan, Dr. Scott Weber will follow the procedure in No. 8.a with respect to the subject entry. Dr. Scott Weber will place a copy of the notification in the file maintained by Dr. Scott Weber specifically for this purpose.

12. Dr. Scott Weber will ensure that copies of all Forms, letters, written statements of disagreement and written rebuttals are retained for six (6) years after the date on the document.

13. All requests for disclosure of medical records will be forwarded to the personnel in charge of medical records. The personnel in charge of medical records will check all Forms and Amendment Forms maintained in the notebook before disclosing medical records.

**Weber Family Chiropractic PC  
Request To Amend or Correct Health Information**

You (or your authorized representative) have the right to request an amendment or correction to your health information if you believe the information is inaccurate or incomplete. Please complete this form and return it to the receptionist or mail or fax it to the attention of the Office Manager. We will notify you of our decision in writing.

Patient Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please describe the health information you wish to amend or correct:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please explain why you believe the health information should be amended or corrected:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PATIENT OR  
PATIENT'S REPRESENTATIVE**

\_\_\_\_\_  
**DATE OF REQUEST**

\_\_\_\_\_  
Print Name of Patient Representative

\_\_\_\_\_  
Relationship to Patient

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**OFFICE USE ONLY:**

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_ Reason: \_\_\_\_\_

Reviewed By (including author of entry): \_\_\_\_\_

Patient Notification Date: \_\_\_\_\_ (Attach letter)

For denials: \_\_\_\_\_ Statement of Disagreement \_\_\_\_\_ Written Rebuttal (Attach letter)  
\_\_\_\_\_ Request for inclusion of request and denial with copies of health information

Copies Filed: \_\_\_\_\_ Medical Record      \_\_\_\_\_ Office File      \_\_\_\_\_ Medical      Record  
Department