

**The University of North Carolina at Chapel Hill  
Health Record Correction/Amendment Form**

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Medical Record#: \_\_\_\_\_ Date of Entry to be amended/corrected \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Please identify incorrect or incomplete information entered on your health record. Explain why the information is incorrect or incomplete and indicate what the information should say.

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

Do you need this correction/ amendment sent to anyone to whom we may have disclosed the information in the past? If so, please indicate the name and address of the individual or organization.

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

I have read the attached University health care provider policy regarding my right to amend or correct information contained in my medical record. I understand that the University health care provider, under certain circumstances, may deny my request for amendment. Further, I understand that if the University health care provider denies my request for an amendment, he/she will provide a written denial outlining the basis for the denial.

\_\_\_\_\_  
Signature of Patient or Legal Representative                      Date

\*\*\*\*\*

*For administrative use only*      Date Amendment Request received: \_\_\_\_\_      Accepted/Denied (circle one)

If denied, reason for denial:

- \_\_\_\_\_ Medical information not created by this organization
- \_\_\_\_\_ Medical information is not available to the patient for inspection as required by law (e.g. psychotherapy notes)
- \_\_\_\_\_ Medical information is not part of the patient's health record
- \_\_\_\_\_ Medical information is accurate and complete

Name of Staff member: \_\_\_\_\_ Title: \_\_\_\_\_

Comments of Healthcare Provider: \_\_\_\_\_

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

Signature of Healthcare Provider: \_\_\_\_\_ Date of review: \_\_\_\_\_

## FINAL APPROVED DRAFT 1/16/03

### The University of North Carolina at Chapel Hill Health Record Correction/Amendment Policy

#### **Policy:**

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), individuals have the right to request an amendment or correction to their medical information. Under specified circumstances, entities may deny the request to amend or correct an individual's medical information.

The University of North Carolina at Chapel Hill (University) Covered University Units will allow an individual to request an amendment to his/her medical information for as long as the information is maintained. Often, an individual's medical record maintained at University may include medical information received from external sources that may be used to treat the individual. In that case, the individual must contact the external source directly to amend or correct that information and request that any such amendment or correction be provided to University. University health care providers will not amend medical information in the designated record set of an individual from an external source unless the correction is provided by the external source or the individual provides a reasonable basis to believe the originator of the medical information is no longer available to act on the requested amendment and provides a reasonable basis for amendment and/or correction.

#### **Procedure:**

##### **The correction or amendment process**

If an individual wishes to request a correction or amendment to medical information contained in his/her medical record, he/she must complete the attached *Health Record Correction/Amendment Form* and return the form to the Health Information Management department of the University health care provider in possession of the medical record.

The Health Information Management department of the University health care provider holding the individual's medical record will inform the individual no later than 60 days after the individual's request if the amendment is denied. On occasions where the provider needs more than 60 days to complete its review, the time period for the action will be extended by no more than 30 days, provided that the provider informs the individual by written statement of the reasons for the delay and the date by which he/she will complete the action on the request.

##### **If the request for amendment or correction is accepted**

If the University health care provider accepts the requested amendment or correction, in whole or part, he/she will make the appropriate amendment or correction to the medical information and inform the requesting individual of acceptance of the amendment or correction. The University health care provider will obtain the individual's identification of and agreement to notify the relevant persons with whom the amendment or correction needs to be communicated. The University health care provider will make reasonable efforts to inform and provide the amendment within a reasonable time to such entities or persons identified by the individual.

##### **If a request for amendment or correction is denied**

Upon denying a request for an amendment or correction, in whole or part, the University health care provider will provide the individual with a written denial in accordance with the above timeframes. The individual may provide a written statement of disagreement, to which the Covered University Unit may respond. The University health care provider will provide the individual with a copy of the written response. All of the above, including the original request for amendment or correction, will be placed in the individual's medical record maintained by the University health care provider.