

CATHOLIC CHARITIES
AGENCY POLICIES AND PROCEDURES

Policy Name:	Client/Client Representative Request to Amend Records
Domain:	Program Administration 5.2
Policy Location:	www.archindy.org/intranet/shared/cci/index.html
Effective Date:	10/10
Dates of Revision:	10/10; 2/14; 4/17; 4/20; 10/20; 12/23; 2/24
References:	Client Request to Amend Electronic/Protected Health Information (PHI/EPHI), Decision Regarding Client Request to Amend electronic/Protected Health Information (PHI/EPHI)

POLICY: Each client/client representative has a right to request that records maintained by Catholic Charities regarding the client may be amended or corrected.

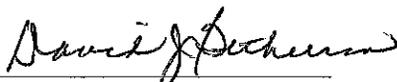
PROCEDURES:

1. The client/client representative must submit a completed *Client Request to Amend PHI/EPHI Form* to the program director.
2. The program director, in conjunction with the service line director or executive director of Catholic Charities or designee, may deny the requested amendment if:
 - a. The record was not created by Catholic Charities and the originator is available to act on the client/client representative's request.
 - b. Is not part of the record maintained, collected, used or disseminated by or for Catholic Charities that qualifies as part of the client record.
 - c. Is not a record that would be available for inspection by the client/client representative.
 - d. Is accurate and complete.

If the request is approved, or denied, the client will be notified by receiving a completed *Decision Regarding Client Request to Amend PHI/EPHI Form*. This decision is required to be made within 60 days of the request or within 90 days of the request if client/client representative is notified of the reasons for the delay and given a future decision date.

3. If the requested amendment is approved, the program director shall append or link the amendment to the client's record and notify any relevant persons with which the amendment needs to be shared.
4. Any personnel responses to client's amendments are added with the client's knowledge.
5. The client is given the opportunity to review and comment on personnel responses.
6. If the requested amendment is denied, Catholic Charities must provide the client/client representative within 60 days a written explanation of the basis for the denial. HIPAA programs must include within the written explanation:
 - a. The client/client representative's right to submit a written statement of disagreement.
 - b. The client/client representative's right to request that Catholic Charities include documentation of the client/client representative's request, Catholic Charities denial, the client/client representative's disagreement, and any rebuttal by Catholic Charities with any subsequent disclosure of the subject PHI by Catholic Charities.
 - c. Directions on how to file a complaint with Catholic Charities and/or the Office of Civil Rights.

Whether the client/client representative's request is approved or denied, the client/client representative shall receive a copy of the original request and the original request shall be placed in the client record. In the case of HIPAA programs, all originals shall be placed behind the privacy divider page of the appropriate client record.



David J. Bethuram
Executive Director

3/11/2024
Date

Catholic Charities
Client Request to Amend Electronic/Protected Health Information
(PHI/EPHI)

Name: _____

Social Security Number: _____

Date of Birth: _____

Description of Protected Health Information Amendment Requested:

I understand that CC may deny my request if it is permitted to do so by state and federal law.

Client (or Personal Representative*) Signature

Date

Printed Name

If signed by Personal Representative, state relationship to

Client: _____

ORIGINAL: In Client Record
COPY: To Client (or Personal Representative)

Catholic Charities
Decision Regarding Client Request to Amend Electronic/Protected Health Information (PHI/EPHI)

Name and address of Client:

On _____, 20___, you requested an amendment of protected health information or "PHI/EPHI" about you.

The requested amendment is:

_____ Approved (subject to any limitations described here):

_____ Denied (subject to any limitation described here):

The basis for any denial described above is because the PHI/EPHI that is the subject of the request:

- Was not created by CC and the originator of the PHI/EPHI is available to act on your request.
- Is not a part of the record maintained, collected, used, or disseminated by or for CC that qualifies as part of the Client Record.
- Is not a record that would be available for inspection by you.
- Is accurate and complete.

You have the right to submit a written statement disagreeing with this denial. If you want to file such a statement, it should (a) be typed or handwritten in blue or black ink; (b) not be longer than 200 words; and (c) be submitted to CC Privacy Officer, either by mail or in person. We may prepare a rebuttal to statement of disagreement and if we do, we will furnish a copy to you.

If you do not want to submit a statement of disagreement, you may request that we provide your request to amendment and our denial with any future disclosures by us of the PHI that is the subject of the amendment. If you want to make that request, it should be submitted to the CC Privacy Officer, in writing.

As stated in our Privacy Notice, you have the right to contact our Privacy Officer at any time if you wish to file a complaint about our privacy policies and procedures or if you believe we have violated your privacy rights. You also have the right to contact the Department of Health and Human Services in Baltimore, Maryland regarding these matters, particularly if you do not believe that we have properly responded to your request. The contact information, both for our Privacy Officer and the Secretary, is as follows:

Catholic Charities
Privacy Officer
1400 N. Meridian St.
Indianapolis, In. 46202
(317)236-1500

Privacy Complaints
P.O. Box 8050
U.S. Dept. of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

Signature of Authorized CC Staff Member

Staff Member Title

Date

ORIGINAL: To Client (or Personal Representative)

COPY: To Client Record