Purpose:

To provide consistent guidelines for West Des Moines EMS (WDMEMS) staff so that they may assist a patient in amending the protected health information (PHI) of their patient care record in accordance with their rights under the federal Privacy Regulations.

Policy:

An individual has the right to amend his/her patient care records, as long as their protected health information is maintained by WDMEMS, except in the following circumstances:

- The originator of the record is no longer available.
- The information the patient is requesting to amend was not created WDMEMS.
- The information is not part of the patient care record
- The information is accurate and complete

The information would not be available for inspection as provided by law, and therefore WDMEMS is not required to consider an amendment. This exception applies to information compiled in anticipation of a legal proceeding

- Information received from someone else under a promise of confidentiality

Procedure:

1. Confirm the identity of requestor or legal representative. If the requestor is legal representative, ask for legal proof of their representative status;
2. The patient must fill out the Request for Amendment of Health Information form completely.

3. The Company, with the assistance of legal counsel, will act on the request for amendment within 60 days of the request;

4. If WDMEMS agrees with the amendment:
   - Then the record will be amended;
   - WDMEMS will then notify the individual of the agreement to amend the record;
   - Copies of the amended record will be provided to our business associates, facilities to or from which we have transported the patient, and others involved in the patient’s treatment.

5. If WDMEMS denies the request for amendment:
   - Then the individual that requested the amendment will be notified of the denial, and the reason for the denial in writing;
   - A statement will be given to the individual that he/she may submit a short written statement disagreeing with the denial, and how the individual may file such a statement;
   - A statement will be given to that individual that he/she may, if they do not wish to submit a statement of disagreement, that they may request that the Request for Amendment and the denial become a permanent part of their medical record;
   - A statement that the individual may complain to the Privacy Office of Polk County or to the federal agency that oversees enforcement of the federal Privacy Rule, the Department of Health and Human Services;

6. All documentation pertaining to the request for amendment will be kept in the medical record.