



Title: Amendments to Protected Health Information Policy

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Date Modified:

Date Approved by CCN Board of Directors:

Date Approved by CCC Board of Directors: September 23, 2025

Date Approved by IPA Board of Directors: September 23, 2025

Policy # PS28

Purpose:

This policy serves to establish the requirements for the Care Compass Entities, when functioning as a Covered Entity, to permit individuals to request that their Protected Health Information (“PHI”) in a designated record set be amended consistent with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Definitions:

Business Associate: A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

Care Compass Entities: Organizations that are directly, or indirectly through one or more intermediaries, owned or controlled by, or are under common ownership or control of, Care Compass Network, including Care Compass Collaborative, Inc. and Care Compass Supporting IPA, LLC.

Covered Entity: A health plan, healthcare provider, or healthcare clearinghouse that must comply with the HIPAA Privacy Rule.

Designated Record Set: A group of records maintained by or for a covered entity that comprises the: individual’s medical or social care records and billing records about individuals maintained by or for a covered entity; enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health or social care plan; or other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals.

Disclose(s)/Disclosure(s): For information that is protected health information, disclose or disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within the Care Compass Entities with a business need to know.

HIPAA: The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended by the Health Insurance Technology for Economic Clinical Health Act (HITECH) and any regulations, rules, and guidance issued pursuant to HIPAA and the HITECH Act (collectively “HIPAA”).

Individually Identifiable Health Information: Information that is a subset of health or social care information, including demographic information, collected from an individual, and:

1. Is created or received by a health or social care provider, health plan, employer, or health care clearinghouse; and
2. Relates to the past, present, or future physical, social need, or mental health or condition of an individual; the provision of health or social care to an individual; or the past, present, or future payment for the provision of health or social care to an individual; and
 - a. That identifies the individual; or
 - b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Payment: Activities to obtain premiums, to determine or to fulfill responsibilities for coverage and provision of benefits, or to furnish or receive payment for health or social care delivered to an individual, or to a group, and activities of a health or social care provider to obtain payment or to be reimbursed for the provision of health or social care to an individual, or to a group, including but not limited to value based arrangements.

Protected Health Information (“PHI”): Individually Identifiable Health Information, that is transmitted by or maintained in electronic media, or transmitted or maintained in any other form or medium (with exceptions, as described under 45 CFR §160.103), that relates to a person’s physical or mental health, and his/her treatment or payment including, but not limited to:

1. Name;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code;
3. All elements of dates (except year) for dates related to an individual, including birthdate, admission date, discharge date, date of death, and exact age if over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older);
4. Telephone numbers;
5. Facsimile numbers;
6. E-mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) addresses;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographs and any comparable images; and
18. Any other unique identifying number, characteristic or code.

Staff: Employees, contractors, agents, consultants, volunteers, and others who act on the Care Compass Entities’ behalf.

Treatment: The provision, coordination, or management of health or social care and related services for an individual by one or more health or social care providers, including consultation between providers regarding a patient or client and referral of a patient or client by one provider to another.

Use(s): The sharing, employment, application, utilization, examination, or analysis of PHI by any person working for or within the Care Compass Entities, or by a Business Associate of the Care Compass Entities.

Policy:

It is the policy of the Care Compass Entities to comply with all federal and state regulation regarding an individual's right to request amendments to their PHI contained within the designated record set.

I. Requests for Amendments to PHI.

- a. The Care Compass Entities must allow an individual, or their authorized personal representative, to request that the Care Compass Entities amend his or her PHI or a record about the individual maintained by the Care Compass Entities in a Designated Record Set.
- b. The right to request amendments will be outlined in the Care Compass Entities Notice of Privacy Practices.
- c. Requests for amendments to PHI must be submitted in writing to the Privacy Officer using the Request for Amendment of Protected Health Information Form, in accordance with the Amendments to Protected Health Information Procedure.
- d. The Privacy Officer, or designee, will review all requests for amendments to PHI and approve, deny, or partially deny the request per the requirements of this Policy and document the determination on the submitted Request for Amendment of Protected Health Information Form.

II. Approving Requests for Amendments to PHI.

- a. The Care Compass Entities will ensure that approved requests for amendments to PHI are met, and:
 - i. the Designated Record Sets are appropriately amended;
 - ii. future Uses or Disclosures of records include relevant amendments,
 - iii. notification of approval of a request to amend PHI is made to the requestor using the Letter of Approval for Request of Amendment to Protected Health Information, within 60 days following the request and in accordance with the Amendments to Protected Health Information Procedure.
 1. If the Care Compass Entities are unable to act on the request within sixty (60) days, they may request one extension of no more than thirty (30) days by providing the individual with a written statement indicating the reasons for the delay and the date by which the Care Compass Entities will respond.
 - iv. notification of the applicable amendments is made to individual(s) or other entities or Business Associates who have had access to the Designated Record Set that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.

III. Denying Requests for Amendments to PHI.

- a. The Care Compass Entities may deny an individual's request to amend his or her PHI for any of the following reasons:
 - i. The PHI or record that is subject to the request was not created by the Care Compass Entities, unless the individual provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment; or
 - ii. The PHI or record is not part of the Designated Record Set, as defined above; or
 - iii. The PHI or record is not available for inspection under the Privacy Program Policy relating to the individual's right to access his or her PHI; or
 - iv. The PHI is accurate and complete; or
 - v. The request for amendment is not in writing or is incomplete; or
 - vi. An invalid reason was provided to support the amendment request.
- b. Individuals will be notified of denial of their request to amend their PHI using the Letter of Denial for Request for Amendment to Protected Health Information, within sixty (60) days following the request and in accordance with the Amendments to Protected Health Information Procedure.
- c. Individuals will be permitted the right to submit a written statement disagreeing with the denial and the right to file a complaint to the Care Compass Entities or the Secretary of Health and Human Services.
- d. The Care Compass Entities may prepare a written rebuttal to an individual's submitted statement of disagreement.

IV. Notice of Amendments to PHI from Another Covered Entity.

- a. If the Care Compass Entities are informed by another Covered Entity (e.g., health care provider or health plan) of an amendment to a individual's PHI, the Privacy Officer, or designee, will ensure the PHI in the Designated Record Set is amended by applicable Staff as provided.

V. Documentation. The Care Compass Entities must document the following:

- a. The Designated Record Sets that are subject to amendment;
- b. The titles of the persons responsible for receiving and processing requests for amendments; and
- c. All correspondence and associated documentation relating to requests for amendments and approval and denial letters must be retained for six (6) years from the date of creation or the date when last in effect, whichever is later.

CCN Board Approval History:

CCC Board Approval History: 9/23/2025

IPA Board Approval History: 9/23/2025

Compliance Committee Review History: 8/21/2025

Policy Revisions:

Date	Revision Log	Updated By
6/24/2025	Original creation	Cathy Petrak

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This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.