SACVALLEY MEDSHARE	PROCEDURE: *Amendment/Correction of Data Procedure*	PROCEDURE NUMBER: *SVMS-PRO-010.001*
	Author: Elizabeth L Steffen	Origination Date: 07/16/2015
	Revised By:	Revised Date:

Procedure for Amendments/Corrections of Data:

1. **Participant(s) Responsibility:**
   a. *Medical Record Owner*
      i. Once the Participant has decided to accept a patient's request to amend/correct their personal health information, the Participant shall fill out the Amendment/Correction of Data Notification to SVMS (Attachment A, a 1 page Microsoft® Word® document, and also as a PDF, SVMS-FORM-038) and mail or eMail to SVMS
   b. *Other Data Accessor Participant*
      i. Once a Participant has discovered an amendment/correction that has not been disclosed or shared with other Participants that have a "need to know" within the HIE, that Participant shall fill out the Amendment/Correction of Data Notification to SVMS (Attachment A, a 1 page Microsoft® Word® document, and also as a PDF, SVMS-FORM-038) and mail or eMail to SVMS.
2. **SVMS Responsibility:**
   a. Log the receipt of the amendment/correction on the Amendment/Correction of Data Log (Attachment C, a 1 page Microsoft ® Excel ® workbook, SVMS-FORM-040).
   b. Perform due dilligence to discover whether or not any other Participant(s) have/had accessed data that has now been amended/corrected and compile a list w/ contact information.
   c. Complete the Response to Amendment/Correction of Data Notification Form (Attachment B, a 1 page Microsoft® Word® document, and also as a PDF, SVMS-FORM-039) and send back to the Participant whom owns the data amended/corrected or the Participant that needs to amend/correct their data along with any other information that is needed.
   d. All original documentation is retained for a period of seven (7) years.
   e. Update the log accordingly.

Authorization	Name	Signature	Date
Board Chair	Myron Machula	[signature]	11/5/15
Executive Director			

Attachment(s):

A: *Amendment/Correction of Data Notification to SVMS (1 page) (page 2)*
B: *Response to Amendment/Correction of Data Notification (1 page) (page 3)*
C: *Amendment/Correction of Data Log (1 page) (page 4)*

Version	Date	Author	Comment
.001	08/06/2015	E. Steffen/M. Jensen/Dr. Dorsey-Tyler	Initial release.

Attachment A: Amendment/Correction of Data Notification to SVMS

SACVALLEY MEDSHARE

NOTIFICATION OF AMENDED/CORRECTED PROTECTED HEALTH INFORMATION

Date: _____ Participant: _____

Patient name: _____

Date of birth: _____ Medical Record #: _____

What protected health information was changed:

_____

_____

_____

_____

_____

NOTE: We cannot delete or destroy any information already included in the medical record.

Date: _____ Time: _____ AM/PM

Signature: _____

Printed name: _____ Title: _____

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Attachment B: Response to Amendment/Correction of Data Notification

SACVALLEY MEDSHARE

RESPONSE TO NOTIFICATION OF AMENDED/ CORRECTED PROTECTED HEALTH INFORMATION

Date: _____

Participant: _____

Address: _____

_____

Dear: _____

Patient name: _____

Date of birth: _____ Medical Record #: _____

On *(date)* _____ , you notified SacValley MedShare of the above mentioned patient's amendment/correction to PHI.

☐ SVMS has performed due diligence in researching what other Participant(s) may have accessed the un-amended/incorrect records in use of treatment and has found none.

☐ SVMS has performed due diligence in researching what other Participant(s) may have accessed the un-amended/incorrect records in use of treatment and has found one:

_____

☐ SVMS has performed due diligence in researching what other Participant(s) may have accessed the un-amended/incorrect records in use of treatment and has found more than one. The list is attached.

Sincerely,

(Name), (Title)

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Attachment C: Amendment/Correction of Data Log

SACVALLEY MEDSHARE

Amendment/Correction of Data Log

Participant	Date Received	Received By	Pt Name	DOB	MR #	Research Performed	Others to be Notified?	Response sent to Participant	Filename (if applicable)	Notes	
Dr. Smith	*1/12/2015*	*KP*	*John M. Doe, Sr.*	*3/25/1936*	*CD889421*	*1/15/2015*	*N*	*1/15/2015*		*None*	*Example*
My Valley Hospital	*6/8/2015*	*ES*	*Esther H. Woman*	*9/12/1980*	*58963*	*6/10/2015*	*Y*	*6/10/2015*	*MVH-ParticipantsToNotify.xls &. pdf*	*N/A*	*Example*