

University of Prince Edward Island	Protocol No. 42	Revision No.
Protocol Title: Accessing and Amending Personal Health Information		
Creation Date: April 7, 2022	Version date:	
Authority: Director UPEI Health & Wellness Centre	Review date:	
Responsibility: Director UPEI Health & Wellness Centre		

1.0 Purpose: The purpose of this protocol is to set out the conditions and consistent process for individuals to access their health record and make amendments to the record.

2.0 Definitions:

- 2.1 Amendment:** change, edit or update of medical record information requested by the patient when they feel the information documented is incorrect.
- 2.2 Custodian:** means a person or organization that collects, maintains, uses or discloses personal health information for the purpose of providing or assisting in the provision of health care or treatment or the planning and management of the health care system or delivering a government program or service (HIA, page 7). For this protocol the Custodian will be the director of the UPEI Health & Wellness Centre.
- 2.3 Health Care Provider:** means a person who is registered or licensed to provide health care under an enactment/regulation.
- 2.4 Health Information Act (HIA):** this act lays out the rules for custodians regarding the collection, use, disclosure, retention and secure destruction of PHI.
- 2.5 Individual:** in relation to personal health information, means the individual, whether living or deceased, whose personal health information was or is being collected or created (HIA, page 9).
- 2.6 Personal Health Information (PHI):** according to the Health Information Act, personal health information means identifying information about an individual in oral or recorded form that:
 - 2.6.1 Relates to the individual's physical or mental health, family health history or health care history, including genetic information about the individual,
 - 2.6.2 Relates to information about an individual that is collected for the purpose of registering the individual for the provision of health care, including a health number, medical record number and any other identifier assigned to an individual,
 - 2.6.3 Relates to the provision of health care to the individual,
 - 2.6.4 Relates to an individual's entitlement to benefits under or participation in a health care program or service,
 - 2.6.5 Is collected in the course of and is incidental to, the provision of a health care program or service or payment for a health care program or service,

- 2.6.6 Relates to a drug, a health care aid, device, product, equipment or other item provided to an individual under a prescription or other authorization issued by a health care provider,
- 2.6.7 Relates to information about payments or eligibility for health care in respect of the individual, or eligibility for coverage for health care in respect of the individual,
- 2.6.8 Relates to the donation by the individual of any body part of bodily substance of the individual or is derived from the testing or examination of any body part or bodily substance,
- 2.6.9 Identifies the individual's substitute decision maker, or
- 2.6.10 Identifies the individual's health care provider (HIA, page 9)

3.0 Protocol: Individuals have a right, upon request, to examine or receive a copy of their personal health information maintained by a custodian. Individuals also have the right to request to make a correction or add a statement of disagreement to their personal health information maintained by a custodian.

4.0 Procedures: The following process will be followed when an individual requests access to their health record or requests to make an amendment to their health record.

- 4.1 Individual must make their request in writing using the **Request to Access Personal Health Information** form (Appendix "A").
- 4.2 The Custodian must make reasonable efforts to confirm the identity of the individual making the request.
- 4.3 The Custodian must respond within thirty (30) days after receiving the request.
- 4.4 The Custodian shall complete one of the following:
 - 4.4.1 Make the personal health information available for examination and provide a copy, if requested, to the individual,
 - 4.4.2 Inform the individual in writing if the PHI does not exist, no longer exists, is no longer available, has been transferred to another custodian or cannot be found,
 - 4.4.3 Inform the individual in writing that the request is refused, in whole or in part, for a specified reason, or
 - 4.4.4 Request an extension if necessary and follow the HIA.
- 4.5 An individual may request to correct any personal health information that they examine. If so, they must make a request in writing using the **Request to Amend Personal Health Information** form (Appendix "B").
- 4.6 The Custodian must respond within thirty (30) days after receiving the request.
- 4.7 The Custodian must make reasonable efforts to confirm the identity of the individual making the request.
- 4.8 The Custodian shall complete one of the following:
 - 4.8.1 Make the requested correction to the record in such a manner that it will read with and form part of the record,

- 4.8.2** Inform the individual, in writing, if the personal health information no longer exists or cannot be found,
- 4.8.3** If the Custodian does not have the personal health information in the Custodian's custody and control,
 - 4.8.3.1** Inform the individual making the request that the Custodian does not have the PHI;
 - 4.8.3.2** Provide the individual with the name and address of the custodian who has the custody and control of the PHI, if known, and
 - 4.8.3.3** If the custodian who has the custody and control of the PHI is known, transfer the request to that custodian and notify the individual
- 4.8.4** Refuse the request for correction where:
 - 4.8.4.1** The record was not originally created by the Custodian and Custodian does not have sufficient knowledge, expertise and authority to correct the record,
 - 4.8.4.2** The PHI which is the subject of the request consists of a professional opinion or observation that a custodian has made in good faith about the individual,
 - 4.8.4.3** The Custodian believes on reasonable grounds that the request is frivolous, vexatious or made in bad faith, or
 - 4.8.4.4** If the document is a standardized test, including intelligence test, or a record that contains raw data from a standardized test or assessment.
- 4.8.5** If the Custodian refuses a request for correction, they shall inform the individual in writing the reason for the refusal and the individual's right to add a statement of disagreement to the record.
- 4.8.6** The UPEI Health & Wellness Centre shall not charge a fee for an individual to access or amend their health record.

5.0 Documentation: Anytime an individual accesses their health record to review it, a notation shall be made in the notes section. If an individual requests to amend their record, they may not remove notes; rather, they can provide additional information or a statement of disagreement.

6.0 References:

Canadian Medical Protective Association (2009). The medical record: A legal document – Can it be corrected? Retrieved from the World Wide Web on April 6, 2022: <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2009/the-medical-record-a-legal-document-can-it-be-corrected#:~:text=Modifications of the medical record.>

Good Medical Practice (2020). When a patient wants to amend their medical records. Retrieved from the World Wide Web on April 6, 2022: <https://www.medicalprotection.org/uk/articles/when-a-patient-wants-to-amend-their-medical-records.>

Hanauer, D.A., Preib, R., Sheng, K., & Choi, S.W. (2014). Patient-initiated electronic health record amendment requests. *Journal American Medical Information Association*, 21, 992-1000.

Health Information Act (2017). Legislative Counsel Office, legislation@gov.pe.ca.

Health PEI (2020). Access, Disclosure and Correction of Personal Health Information. Retrieved from the World Wide Web on April 6, 2022:

<https://www.princeedwardisland.ca/en/information/health-and-wellness/emr-user-support>.

Information and Privacy Commissioner of Ontario (2005). Your health information: Your access and correction rights. Fact sheet: info@ipc.on.ca.

Partners healthcare (2022). Medical Record Amendment Instructions. Retrieved from the World Wide Web on April 6, 2022: <https://www.partners.org/Assets/Documents/For-Ptients/medical-Records/medical-Record-Amendment-Instructions.pdf>.

Date	Name	Title	Signature
	Marilyn Barrett	Director UPEI Health & Wellness Centre, UPEI	
	Jackie Podger	Vice President Administration & Finance UPEI	
	Patti-J. Wheatley	Access to Information and Privacy Office, UPEI	

Appendix "A"

Request to Access Personal Health Information*

Name of Health Information Custodian to Whom the Request is being made:

Your Information:

Surname: _____ Given Name(s): _____ Initial(s) _____

Address: _____

City: _____ Province/State: _____ Country _____ Postal Code: _____

Telephone: _____

Substitute Decision-Maker Information (if requesting another person's health information)*

Surname: _____ Given Name(s): _____ Initial(s) _____

Address: _____

City: _____ Province/State: _____ Country _____ Postal Code: _____

Telephone: _____

*Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker, if available.

Please provide a detailed description of the personal health information to which access has been requested:

Signature: _____

Date: _____

For Health Information Custodian Use Only

Date received _____ Request Number _____ Comments _____

Note: this form adapted from Information and Privacy Commissioner of Ontario Fact Sheet 2, January 2005.

Appendix "B"

Request to Amend Personal Health Information*

Name of Health Information Custodian to Whom the Request is being made:

Your Information:

Surname: _____ Given Name(s): _____ Initial(s) _____

Address: _____

City: _____ Province/State: _____ Country _____ Postal Code: _____

Telephone: _____

Substitute Decision-Maker Information (if requesting to correct another person's health information)*

Surname: _____ Given Name(s): _____ Initial(s) _____

Address: _____

City: _____ Province/State: _____ Country _____ Postal Code: _____

Telephone: _____

*Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker, if available.

Please provide a detailed description of the personal health information to which access has been granted and that you are requested to amend, the reasons that the personal health information is incomplete or inaccurate and information necessary to enable the amendment of the personal health information.

Signature: _____

Date: _____

For Health Information Custodian Use Only

Date received _____ Request Number _____ Comments _____

Note: this form adapted from Information and Privacy Commissioner of Ontario Fact Sheet 2, January 2005.