



Standard Guide for Amendments to Health Information¹

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1. Scope

1.1 This guide addresses the criteria for amending individually-identifiable health information. Certain criteria for amending health information is found in federal and state laws, rules and regulations, and in ethical statements of professional conduct. Although there are several sources for guidance, there is no current national standard on this topic.

2. Referenced Documents

2.1 ASTM Standards:

E 1762 Guide for Electronic Authentication of Health Care Information²

E 1869 Guide for Confidentiality, Privacy, Access, and Data Security Principles for Health Information Including Computer-Based Patient Records²

3. Terminology

3.1 Definitions:

3.1.1 *amendment*, *n*—alteration of health information by modification, correction, addition, or deletion.

3.1.2 *authentication*, *n*—provision of assurance of the claimed identity of an entity, receiver, or object.

(E 1869, E 1762, CPRI³)

3.1.3 *author*, *n*—person(s) who is (are) responsible and accountable for the health information creation, content, accuracy, and completeness for each documented event or health record entry.

3.1.4 *commission*, *n*—act of doing, performing, or committing something.

(Webster's 1993)

3.1.5 *confidential*, *adj*—(1) status accorded to data or information indicating that it is sensitive for some reason and needs to be protected against theft, disclosure, or improper use, or all three, and must be disseminated only to authorized individuals or organizations with an approved need to know; (2) private information, which is entrusted to another with the confidence that unauthorized disclosure that will be prejudicial to the

individual will not occur.

(E 1869)

3.1.6 *delete*, *v*—(1) to eliminate by blotting out, cutting out or erasing; (2) to remove or eliminate, as to erase data from a field or to eliminate a record from a file, a method of erasing data. (Webster's 1993, Webster's New World Dictionary of Computer Terms, 1994)

3.1.7 *error*, *n*—act involving an unintentional deviation from truth or accuracy.

3.1.8 *health information*, *n*—any information, whether oral or recorded, in any form or medium (1) that is created or received by a health care practitioner; a health plan; health researcher, public health authority, instructor, employer, school or university, health information service or other entity that creates, receives, obtains, maintains, uses or transmits health information; a health oversight agency, a health information service organization, or (2) that relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payments for the provision of health care to a protected individual; and, (3) that identifies the individual with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

(HIPAA⁴, E 1869)

3.1.9 *information*, *n*—data to which meaning is assigned, according to context and assumed conventions

(E 1869)

3.1.10 *omission*, *n*—something neglected or left undone, the act of omitting.

(Webster's 1993)

3.1.11 *permanence*, *n*—quality of being in a constant, continuous state.

4. Significance and Use

4.1 The purpose of this guide is to assure comparability between paper-based and computer-based amendments. Paper-based and computer-based amendments must have comparable methods, practices and policies, in order to assure an unambiguous representation of the sequence and timing of documented events. Original and amended health information entries and documents must both be displayed and must be consistent across both domains. Comparability does not rule

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² *Annual Book of ASTM Standards*, Vol 14.01.

³ CPRI (Computer-Based Record Institute), 4915 Saint Elmo Ave., Suite 401, Bethesda, MD 20814 (<http://www.cpri.org>).

⁴ HIPAA (Health Insurance Portability and Accountability Act), 1996 (<http://www.hcfa.gov/hipaa/hipaahm.htm>).