SOP: Correction and Amendment of Patient Records

This SOP details the process for **correction and amendment of patient records**, including identifying inaccuracies, documenting necessary changes, obtaining appropriate authorizations, ensuring audit trail integrity, maintaining confidentiality and compliance with legal and regulatory standards, and updating electronic or paper records accurately. The purpose is to guarantee the accuracy, reliability, and completeness of patient health information while preserving patient safety and privacy.

1. Purpose

To provide a standardized process for correcting and amending patient records to ensure data accuracy, completeness, and compliance with regulatory requirements.

2. Scope

This SOP applies to all staff involved in the creation, management, and modification of patient health records (both electronic and paper) within the organization.

3. Definitions

Term	Definition
Correction	The process of rectifying erroneous patient information in the health record.
Amendment	The process of updating patient records to include additional relevant information or clarifications.
Audit Trail	A secure, chronological record of access, changes, and actions related to patient records.

4. Responsibilities

- **Health Information Management Staff:** Initiate corrections/amendments, document changes, and maintain audit trails.
- Supervisors/Managers: Review and authorize changes as required.
- IT Support: Maintain technical integrity and security of electronic records.
- All Staff: Report inaccuracies promptly and maintain confidentiality.

5. Procedure

1. Identification of Inaccuracies:

- o Staff or patients may report potential errors or omissions in health records.
- o All reports should be directed to the Health Information Management department.

2. Review and Verification:

- Review the identified record to confirm the inaccuracy or need for amendment.
- Gather supporting documentation if necessary.

3. Documentation of Change Request:

- Complete a record amendment/correction form (includes date, nature of change, reason, and requester details).
- Attach relevant supporting documentation.

4. Authorization:

- Obtain approval from the designated supervisor/manager or other authorized personnel before making changes.
- 5. Implementing the Correction/Amendment:

• Electronic Records:

 Do not delete original entries. Enter corrections/amendments with date, time, and author identification. The system must preserve an audit trail.

Paper Records:

 Make a single line through incorrect entry, initial, date, and provide the correct information. Do not obliterate original text. Add amendments as an addendum if necessary.

6. Audit Trail Integrity:

o Ensure all actions (who, when, what) are tracked in the record's audit trail.

7. Notification:

Notify relevant healthcare team members, and, if applicable, the patient of the change.

8. Confidentiality & Compliance:

- o Maintain confidentiality at all times.
- Ensure all changes comply with local, regional, and national regulations (e.g., HIPAA, GDPR).

6. Records and Documentation

- Amendment/correction forms must be retained and filed as part of the patient record.
- Maintain records of authorizations and notifications related to corrections/amendments.

7. Review and Audit

- Conduct periodic audits to ensure compliance with this SOP.
- · Review staff training and understanding annually.

8. References

- HIPAA Health Insurance Portability and Accountability Act
- GDPR General Data Protection Regulation (if applicable)
- · Local and national health records regulations

9. Revision History

Version	Date	Revised By	Description
1.0	2024-06-15	Document Owner	Initial SOP release