



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6040.04

February 21, 2020

DAD-IO

SUBJECT: Guidance for Amendment and Correction of Entries in Garrison Electronic Health Records (EHRs)

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (f), establishes the Defense Health Agency's (DHA) procedures to remove erroneously entered information in the EHRs. In general, these procedures should be limited to Personally Identifiable Information (PII) or Protected Health Information (PHI) pertaining to one person or persons, but entered inadvertently into the record of a different person. These procedures may also be applied to other information (e.g., incorrect adverse diagnosis), as deemed necessary after appropriate review. All efforts to correct documentation errors at the user level should be expended prior to requesting a correction. Patient-initiated requests to correct the EHR must be completed within 60 days of the request being received by the covered entity (the Military Medical Treatment Facility (MTF)), or 90 days if applicable extension requirements are met.

2. APPLICABILITY. This DHA-PI applies to DHA, Services, Military Departments (MILDEPs), all MTFs, Markets, Transitioned Intermediate Management Office, Combatant Commands, Joint Staff, Reserve and National Guard Component MILDEPs, and all other organizational entities within the DHA (referred to collectively in this DHA-PI as the "DHA Components").

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (f), that the DHA establish the mechanism to request corrections to the EHRs.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See MilSuite Legal Corrections Page for detailed guidance: <https://www.milsuite.mil/book/groups/data-quality-and-integration/pages/legal-corrections>. Enclosures 3 through 5 provide additional information.

6. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

8. FORMS. DHA Form 107 is available from the DHA Form Library at https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx#.



RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
3. High-Level Diagrams for Requesting Correction of Erroneous Information in Electronic Health Record
4. Overview of Procedures for Requesting the Correction of Erroneously Entered Information in an Electronic Health Record
5. Correction of Erroneous Personally Identifiable Information or Protected Health Information

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 13, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoDM, 6025.18, “Implementation of HIPAA Privacy in DoD Health Care Programs,” March 13, 2019
- (e) Assistant Secretary of Defense for Health Affairs (ASD(HA)) Memorandum, “Guidance for Requesting Correction of Erroneously Entered Information in the Armed Forces Health Longitudinal Technology Application,” September 9, 2013¹
- (f) Public Law 114-328, National Defense Authorization Act for Fiscal Year 2017, Section 702

¹ This reference can be found at <https://info.health.mil:443/dhss/home/UserInt/Docs>, or by calling 703-681-9411.

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
 - a. Coordinate with the Surgeons General (SGs) of the MILDEPs.
 - b. Develop procedures to process legal correction requests.
 - c. Monitor implementation and provide reporting.
 - d. Ensure the EHR Program Management Office (PMO) implements procedures to process legal correction requests, reviews and tracks the requests, and processes the requests.
 - e. Ensure Directors, MTF, comply with, oversee, and execute the procedures outlined in this DHA-PI upon the transition of MTFs to the authority, direction, and control of Director, DHA, in accordance with Reference (f).

2. SECRETARIES OF THE MILDEPs. The Secretaries of the MILDEPs will ensure the SGs of the MILDEPs and Directors, MTF, comply with, oversee, and execute the procedures outlined in this DHA-PI until MTFs transition to the authority, direction, and control of Director, DHA, in accordance with Reference (f).

3. SGs OF THE MILDEPs. The SGs of the MILDEPs will:
 - a. Coordinate and implement the developed procedures as soon as practicable.
 - b. Provide notification of privacy procedures, practices, and appropriate steps to correct EHRs to the MTFs.

4. SOLUTION DELIVERY DIVISION, USER INTEGRATION BRANCH (SDD-UIB). The SDD-UIB must:
 - a. Review and approve the Command requests.
 - b. Ensure Command requests are submitted in a timely manner to the Electronic Health Record-Core (EHR Core) PMO Legal Corrections Team.

5. EHR CORE PMO LEGAL CORRECTIONS TEAM. The EHR Core PMO Legal Corrections Team must:

a. Monitor the Legal Corrections queue in support of processing/packaging tickets with signed Command Letters of Approval received from the appropriate Service Legal Corrections Representative(s). The EHR Core PMO Legal Corrections Team will then assign packaged tickets to the Tier 3 team for further processing.

b. Provide notification to MILDEPs regarding tickets greater than 60 days old via the following methods:

(1) Monthly Trouble Ticket IPT call, occurring the 4th Wednesday of every month, will brief the MILDEPs with status updates of outstanding tickets still awaiting a signed Command Letter of Approval.

(2) Quarterly, a Memorandum for the Record will be provided to the Chief, SDD, DHA Privacy Officer, Service Legal Corrections Representative(s), Service Regional Health Insurance Portability and Accountability Act (HIPAA) Privacy Officers, Service Chief Medical Information Officer, and Directors, MTF, with aged tickets greater than 60 days old.

c. Coordinate with product owners, when a systems issue is discovered to be creating erroneous data in a record, to review and coordinate a technical fix to the contributing systems issue or process that led to erroneous data affecting either single or enterprise records.

d. Follow up with MTFs to determine status of Command requests which have not been submitted.

e. Perform annual review of this DHA-PI publication to provide pertinent updates as requirements evolve.

6. DIRECTORS, MTF. The Directors, MTF, must:

a. Assign personnel to manage the enclosed procedures.

b. Ensure the Command request is submitted to the MILDEP Liaison in a timely manner using DHA Form 107.

7. PERSONNEL ASSIGNED TO MANAGE THE ENCLOSED PROCEDURES. The HIPAA/Privacy Officer assigned to manage the enclosed procedures must initiate a DHA Remedy ticket, draft a Command letter (when required), track, and verify the completion of the legal correction.

ENCLOSURE 3

HIGH-LEVEL DIAGRAMS FOR REQUESTING CORRECTION OF ERRONEOUS
INFORMATION IN ELECTRONIC HEALTH RECORD

1. Figure 1 below describes the approved procedures to remove erroneously entered information in the Garrison EHRs. In general, these procedures should be limited to PII/PHI pertaining to one person or persons but entered inadvertently into the record of a different person. They may also be applied to other information, as deemed necessary after appropriate review. All efforts to correct documentation errors at the user or facility level should be expended prior to requesting correction (see Enclosure 4, Section 2 Process Overview below, and MilSuite: Procedure Enclosure <<https://www.milsuite.mil/book/groups/data-quality-and-integration/pages/legal-corrections>>). This guidance also defines the process for responding to patient requests for amendment of PII/PHI in the EHRs under Reference (e), Chapter 12, or any successor guidance issued. This guidance is for all DoD MTFs and is effective immediately upon signature.
2. To protect the integrity of our medical record system, each request should be reviewed for clinical implications and appropriate end user actions by Command designated personnel prior to submission to the MILDEP Liaison in the appropriate service designated office within the Army Office of the Surgeon General (OTSG), Navy Bureau of Medicine and Surgery (BUMED), Air Force Medical Support Agency (AFMSA), National Capital Region (NCR), or DHA-Deputy Assistant Director Information Operations/(DAD IO), Solution Delivery Division, User Integration Branch (SDD-UIB). The workflow diagram guidance below depicts the procedures to follow, developed for this purpose.

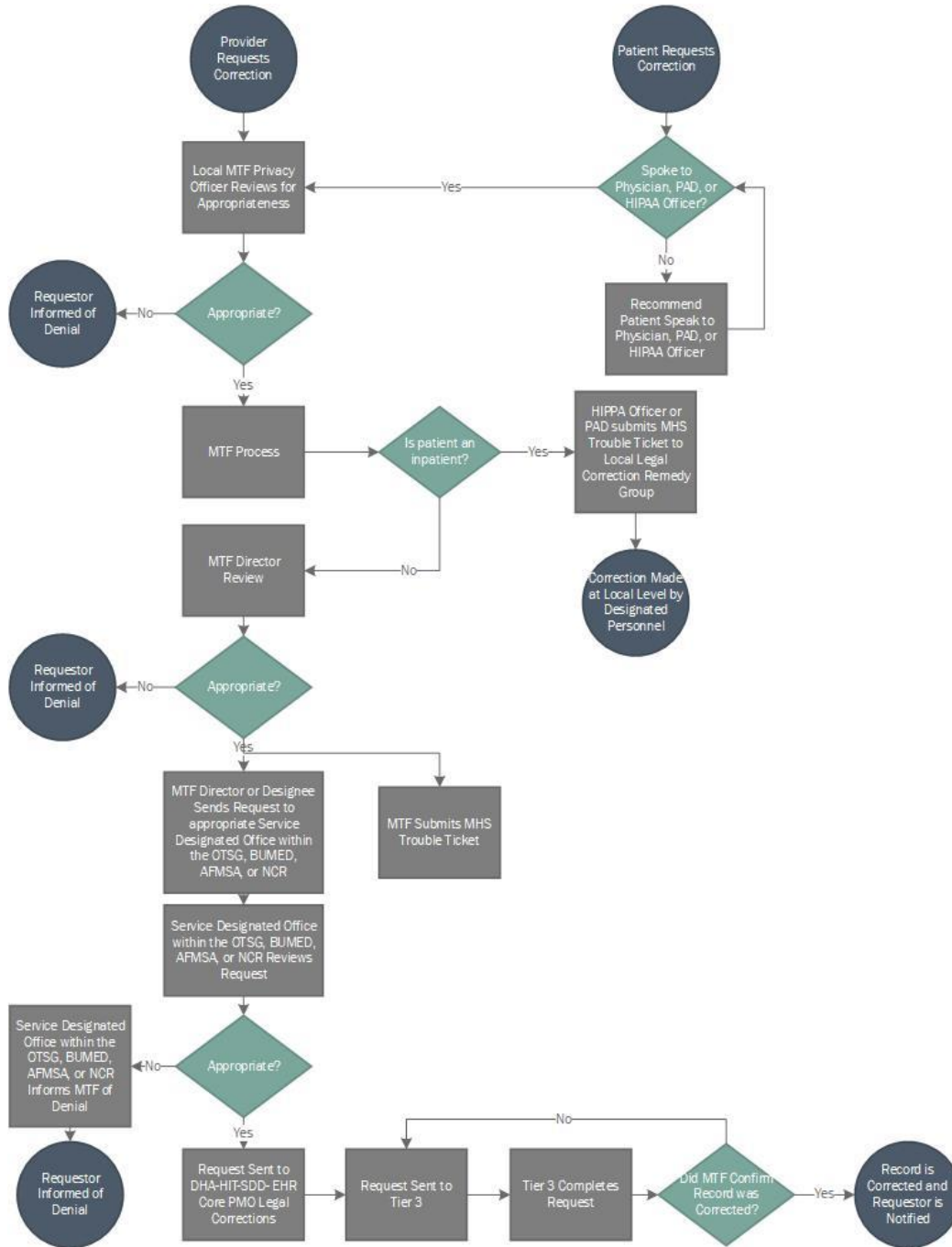


Figure 1: Armed Forces Health Longitudinal Technology Application (AHLTA) and ESSENTRIS®

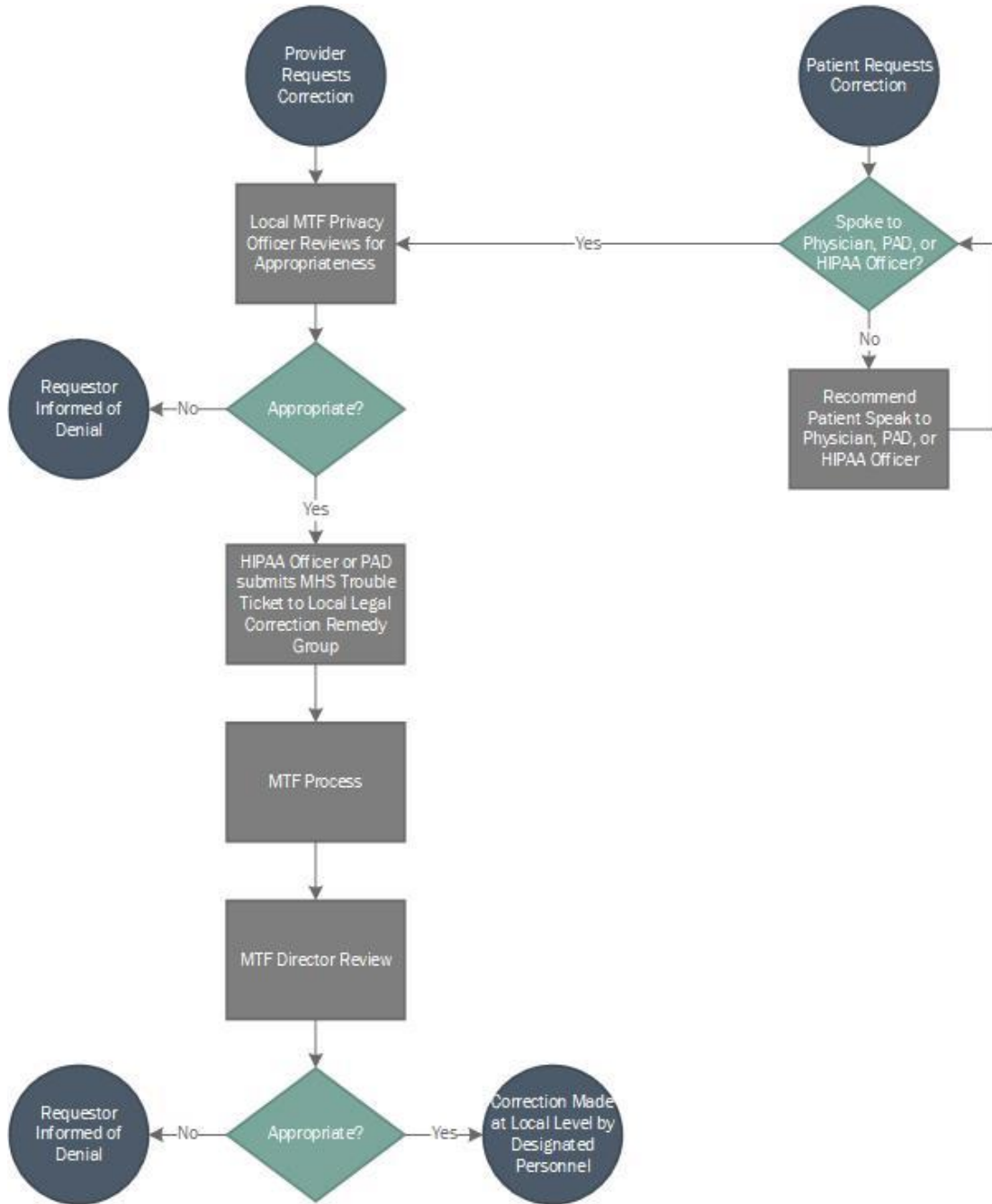


Figure 2: Composite Healthcare System, Health Artifact and Image Management Solution, and Military Health System GENESIS

ENCLOSURE 4

OVERVIEW OF PROCEDURES FOR REQUESTING THE CORRECTION OF
ERRONEOUSLY ENTERED INFORMATION IN AN ELECTRONIC HEALTH RECORD

1. BACKGROUND. EHR systems are required to adhere to principles of systems of records to safeguard the confidentiality, integrity, and availability of the information it contains and to support the clinical care of DoD beneficiaries. While the system should allow efficiency when entering information by clinicians, it must also follow additional information technology requirements to protect the integrity of the information that has been incorporated into the official record system. For these reasons, the correction of information by the EHR Core PMO, as opposed to the end user correction or updating of information allowed by the system, must follow strict procedures. The processes outlined in these guidelines and attachments are to ensure that appropriate actions are taken by clinicians and medical decision makers prior to submitting requests to the EHR Core PMO.

2. PROCESS OVERVIEW. When an EHR user recognizes that information has been erroneously entered into the EHR, the user will follow the steps and procedures outlined in this DHA-PI as it applies to each respective system.

a. AHLTA, Composite Healthcare System (CHCS), ESSENTRIS®, Health Artifact and Image Management Solution (HAIMS), and MHS GENESIS corrections require review by the Command designated HIPAA Privacy Officer or Patient Administration staff, and if Essentris, SA/Configurist, prior to correction.

(1) Following the review, corrections for CHCS, HAIMS, and MHS GENESIS will be made locally.

(2) For ESSENTRIS®, when discovered while the patient is still admitted to the MTF, the clinical staff will notify the HIPAA Privacy Officer or Patient Administration staff that a correction is required, and the clinical staff will submit a Global Service Center (GSC) ticket and request that it be assigned to the local MTF Remedy Legal Correction queue. A Command letter is not required.

(3) For AHLTA and ESSENTRIS® (when discovered after patient discharge), if the Director, MTF, or designee approves the request and signs the Command letter, which will be directed to the appropriate service designated office within the OTSG, BUMED, AFMSA, NCR Director's office, or DHA-DAD IO/J-6-SDD-UIB. The Service designated office within the OTSG, BUMED, AFMSA, NCR, or DHA-DAD IO/J-6-SDD-UIB reviews the request and submits it to the EHR Core PMO for action when it has been deemed appropriate.

b. Refer to Figures 1 and 2 in Enclosure 3, which provides high-level diagrammatic representation of this process.

c. The MTF is responsible for ensuring appropriate procedures, to include that the end user actions as detailed, have been followed prior to submitting the request. Before a ticket is closed at the Tier 3 level, Tier 3 personnel will confirm with the submitter/point of contact that the issue has been satisfactorily resolved in line with the request listed in the ticket.

ENCLOSURE 5

CORRECTION OF ERRONEOUS PERSONALLY IDENTIFIABLE INFORMATION OR
PROTECTED HEALTH INFORMATION

Regardless of system, the following rules apply:

1. Scenarios which can be corrected at the MTF-level and do not require a command letter (but a GSC Remedy ticket is required for tracking purposes for CHCS, HAIMS, and MHS GENESIS Corrections):

a. Non-sensitive erroneous information entered in the right patient encounter (example: wrong symptom).

b. Non-sensitive erroneous information entered in the wrong patient encounter (example: wrong symptom).

c. Problem List entry that was “In Error” or has become inactive (any provider may correct the Problem List, choosing to “delete” or “inactivate” any problem that the provider does not wish to appear on the active Problem List).

d. Clinical Note entry that has been “saved” but not “signed.” The user who entered the information can edit the erroneous note and remove or correct the information.

e. Erroneous information entered in CHCS (i.e., laboratory, pharmacy, radiology), HAIMS, and MHS GENESIS.

2. Scenarios which require a GSC ticket and a letter from the Director, MTF:

a. Sensitive erroneous information entered into the right patient encounter (example: acquired immunodeficiency syndrome diagnosis).

b. Sensitive erroneous information entered in the wrong patient encounter (example: acquired immunodeficiency syndrome diagnosis).

c. Scanned erroneous information containing PII/PHI into the wrong patient record (example: outside consult).

d. Patient request under the HIPAA for information correction in appropriate cases of extreme sensitivity or HIPAA compromise.

3. Requesting correction of erroneous information:

a. After local review, Command approval, and completion of possible local actions to correct the record (see MilSuite: Procedure Enclosure <<https://www.milsuite.mil/book/groups/data-quality-and-integration/pages/legal-corrections>>), the HIPAA/Privacy Officer/Patient Administration Department Officer or other Command designated personnel submits a GSC ticket that includes pertinent information regarding the erroneous information (see MilSuite: Request for Correction of Erroneous Information Checklist Enclosure, and Sample Request Template Enclosure <<https://www.milsuite.mil/book/groups/data-quality-and-integration/pages/legal-corrections>>). Per Reference (d), the patient-initiated requests to correct the EHR must be completed within 60 days. The 60-day timeframe begins once the request has been received by the covered entity (the MTF is considered the covered entity). The regulation requires that all approvals or denials, whether completed at the MTF-level or requiring escalation to the GSC, be completed within 60 days of the request being received by the covered entity (or 90 days if the extension requirements are met). Best practices require that the Services provide Command Letters within 7 days to facilitate timely processing of the correlating GSC ticket. Following a denial of request, or successful completion of change to the record, the HIPAA/Privacy Officer/Patient Administration Department Officer or other Command designated personnel will submit a formal notice to the patient, on MTF letterhead, indicating the result of the request including relevant justification (See MilSuite: Sample Request Template Enclosure <<https://www.milsuite.mil/book/groups/data-quality-and-integration/pages/legal-corrections>>).

b. The request must contain the GSC ticket number (which will be used to track the request throughout the process), the reason for the request, whether the request is patient initiated, the date the patient made the request, the clinical implications and appropriateness of the request, the type of PII/PHI to be removed, and the MTF points of contact. No other personal information is needed. Note: Remedy Legal Corrections are received in the Defense Health Clinical Support Legal Corrections queue, which has access control in place limited to individuals relevant to the process. **DO NOT SEND PII/PHI IN EMAIL OR IN THE REQUEST LETTER.** Ensure all proper Privacy and HIPAA policy and regulations are followed, such as Breach Notification, as applicable.

c. The MTF Commanding Officer or designee signs the request. The request is sent to the appropriate Service designated office within the OTSG, BUMED, AFMSA, NCR, or DHA-DAD IO/J-6-SDD-UIB for approval.

d. The Service designated office within the OTSG, BUMED, AFMSA, NCR, or DHA-DAD IO/J-6-SDD-UIB reviews the request and, upon approval, submits the original Command letter to the EHR Core PMO at: dha.ncr.dmrti.list.ehrcorelegalcorrections@mail.mil.

e. The EHR Core PMO approves the Service request and forwards the Command letter to the appropriate vendor Tier 3 team.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

AFMSA	Air Force Medical Support Agency
AHLTA	Armed Forces Health Longitudinal Technology Application
BUMED	Bureau of Medicine and Surgery
CHCS	Composite Healthcare System
DAD IO	Director Information Operations
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
EHR	Electronic Health Record
EHR Core	Electronic Health Record Core
GSC	Global Service Center
HAIMS	Health Artifact and Image Management Solution
HIPAA	Health Insurance Portability and Accountability Act
MILDEP	Military Department
MTF	Military Medical Treatment Facility
NCR	National Capital Region
OTSG	Office of the Surgeon General
PHI	Protected Health Information
PII	Personally Identifiable Information
PMO	Program Management Office
SDD	Solution Delivery Division
SG	Surgeon General
S/O	Subjective and Objective
UIB	User Integration Branch