PRACTICE ADVICE
CHANGING THE RECORD
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PRACTICE SCENARIOS: CHANGING THE RECORD

“To err is human, to forgive divine”. We have likely heard this famous quote from Alexander Pope many times due to the simple fact that we all make mistakes - it’s a given. However, in our professional lives, forgiveness is not the only thing we seek. When our reports and records contain mistakes, we are required to correct the error and to do so in a certain manner. Further, clients are now able to review their records and request changes that we may or may not agree with. There are specific details in the Personal Health Information Protection Act (PHIPA) legislation as well as CASLPO’s Records Regulation that clearly direct our actions in this matter. Consider the following recent practice questions:

FREQUENTLY ASKED QUESTIONS

Q: My client has pointed out that I made an error in the assessment report I provided. I inadvertently reversed the month and day of their child’s date of birth. Do I need to have them make a request in writing to amend this or can I just go ahead and make the changes and give them the modified report?

Patient/clients may request alterations in their record. PHIPA states:

“If the individual makes an oral request that the health information custodian correct the record, nothing in this Part prevents the custodian from making the requested correction.”

In this situation the change in information is undisputed so there is no need to have the family put the request in writing. Certainly you can and should make the appropriate change and provide the family with the modified copy. Further, you must make the change in the patient/client’s record in a manner that does not obliterate the original information. In this situation, it would be simple enough to cross out the date stated and write the correct date. An effort should also be made to provide a note of correction to any other recipient of the report.

Q: I am a supervising clinician in a private practice and I worked with a staff Speech-Language Pathologist, hired as an independent contractor, who has since moved to another job. Upon reviewing a report he had written and meeting with the family, I realized that his assessment was conducted through translation but this was not mentioned in the report. I feel this is a significant omission. What should I do to correct the information?

Because an independent contractor compiled and interpreted the information, it may be
...a health information custodian is not required to correct a record of personal health information if,

(a) it consists of a record that was not originally created by the custodian and the custodian does not have sufficient knowledge, expertise and authority to correct the record; or

(b) it consists of a professional opinion or observation that a custodian has made in good faith about the individual.”

However, you could suggest to the family that they contact the Speech-Language Pathologist directly and request a change. It would also be advisable to contact the Speech-Language Pathologist directly and discuss your concerns. It may be an oversight that he is prepared to correct. Regardless, if a correction is to be made, it must be done using the following procedure:

1. record the correct information in the record and,
   a) striking out the incorrect information in a manner that does not obliterate the record, or
   b) if that is not possible, labelling the information as incorrect, severing the incorrect information from the record, storing it separately from the record and maintaining a link in the record that enables a person to trace the incorrect information, or

2. if it is not possible to document the correct information in the record, ensure that there is a practical system in place to inform a person who accesses the record that the information in the record is incorrect and to direct the person to the correct information.

Q: I have a client that does not agree with my interpretation of their child’s language abilities as outlined in my assessment report. They have asked that I change my report in a fashion that would communicate something I do not agree with. I have discussed my findings and the rationale behind my conclusions but they are still insistent that I change the report. Am I duty bound to amend the report to meet their request?

Not necessarily; PHIPA states that you are not required to change a record upon request if, “...it consists of a professional opinion or observation that a custodian has made in good faith about the individual.” So if you feel that the change would be contrary to your professional opinion, then you may follow the procedure for ‘refusal’. You must respond to the client in writing within 30 days and your notice of refusal must give the reasons for the refusal. Inform the client that he or she is entitled to,

(a) prepare a concise statement of disagreement that sets out the correction that the health information custodian has refused to make;

(b) require that the health information custodian attach the statement of disagreement as part of the records that it holds of the individual’s personal health information and disclose the statement of disagreement whenever the custodian discloses information to which the statement relates;

(c) require that the health information custodian make all reasonable efforts to
disclose the statement of disagreement to any person who would have been notified under clause (10) (c) if the custodian had granted the requested correction; and (d) make a complaint about the refusal to the Commissioner under Part VI. 2004, c. 3, Sched. A, s. 55 (11).

Q: At the school board where I work we have long wait times for psycho-educational assessments and the SLPs are being asked to modify their assessment recommendations to help reduce the demand for these types of assessments. Specifically, it has been suggested that we consider recommending a consultation with the resource teacher, who specializes in learning disabilities, prior to considering a referral to the psychologist.

As mentioned above, if changes to current reports are being considered, then the same principles apply. However, this appears to be a request for wording that may or may not reflect the original intent of the SLP. Careful consideration of wording is important because other regulations could be implicated. For example, the Professional Misconduct Regulation indicates that the following is an act of professional misconduct:

10) Failing to refer a patient or client to more appropriate service when the member is unable to provide adequate service or failing to refer a patient or client who requires additional services in other professional areas.

Also, the Code of Ethics states that members:

1.3 will be honourable and truthful in all their professional relations;
1.5 will respect the patients'/clients' right to participate in treatment decisions and to be informed of potential risks and benefits of treatment options;
2.7 will exercise independent professional judgment before implementing professional service/prescription;
3.2 will protect the health and well-being of their patients/clients and advocate for them when appropriate;
3.3 will utilize all possible resources to ensure that quality service is provided, acknowledging the need for referral in special cases;
3.5 will apprise patients/clients of programs and services from which they may benefit;

You therefore have an obligation to provide referrals as you deem appropriate, and cannot alter your recommendations to reduce the demand for assessments. However, if you believe that the modified recommendation responds to the needs of the specific student then the suggested wording may be adequate.