

Amendment/Correction of Health Record Request (04/14/03)

Implemented 04/14/03

Name: _____ DOB / ID#: _____

Address: _____ Phone #: _____

Record Holder: _____ Date of Request: ____ / ____ / ____

Please State What Needs To Be Amended/Corrected And Why:

Entry to be amended/corrected: _____

Date and author of entry: _____

Please explain how the information is incorrect or incomplete. What should the information state to be more accurate or complete?

Would you like this amendment/correction sent to anyone to whom we may have disclosed this information in the past? If so, please specify the name and address of the individual(s) and/or organization(s):

I understand that the City has sixty (30) days after receipt of this request to respond. In addition, the City may notify me in writing that an extension of up to thirty (30) days is needed.

Signature of the Patient or Legal Representative _____ Date _____

Date Received: ____ / ____ / ____ Accepted Denied Delayed

If denied, check reason for denial:

- PHI was not created by this organization
- PHI is not a part of the designated record set
- PHI is not available to the patient for inspection as permitted by federal law
- PHI is accurate and complete

Individual was informed in writing of the decision to accept or deny the request. (Attach correspondence)

Comments: _____

Staff Signature: _____ Date: ____ / ____ / ____