



Request for Correction/Amendment of Health Information

Patient Name: _____

Birth Date: _____

Patient Unit Number: _____

SSN: _____

Patient Address: _____

Date of Entry to be amended: _____

Type of entry to be amended: _____

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

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

Name Address

Signature of Patient or Legal Representative Date

For Organization Use Only:

Control #: _____ Date Received: _____

Amendment has been: Accepted Denied

If denied, check reason for denial:

- PHI was not created by this organization
- PHI is not part of patient's designated record set
- PHI is not available to the patient for inspection as required by federal law (i.e., psychotherapy notes)
- PHI is accurate and complete

Comments of Healthcare Practitioner:

Name of Staff Member: _____ Title: _____

Signature : _____