



**Request for Correction/Amendment of Protected Health Information**

**Date of Request:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Medical Record Number:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

**Patient Phone Number:** \_\_\_\_\_

**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?  
(Use additional paper if more room is needed to explain)

\_\_\_\_\_  
\_\_\_\_\_

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 and Address

\_\_\_\_\_  
Signature of Patient or Legal Representative      Date

**For Organization Use Only:**

Date Received by HIM: \_\_\_\_\_

Denied ☐

Accepted ☐

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 accurate and complete
- ☐ PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes)

Comments of Healthcare Practitioner

\_\_\_\_\_  
Signature of Staff Member      Title

\_\_\_\_\_  
Signature of Healthcare Practitioner      Date

05/20/2003 11:33 AM