PeaceHealth

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

You have the right to request an amendment to your health information under federal law. This means that if you see something in your health records that you believe is inaccurate or incomplete, you may request new information be added that corrects or completes the record.

What to expect if you request an amendment to your health information:

- You will be asked to complete and sign the attached request form, providing specific, detailed information to be corrected. Submit your request to:
  PeaceHealth
  Health Information Management, Dept #336
  1115 SE 164th Ave
  Vancouver WA 98683
  FAX: 541-242-8046
- Our staff will examine your records and may consult with your physician and others involved in your care and treatment.
- You will receive a response from us within 10 days in Washington and 60 days in Oregon or Alaska.

If your request is approved we will:

- Inform you in writing.
- Include the amendment in all future releases of your health information to authorized individuals and organizations such as health care providers, health care facilities and insurance companies.
- Inform individuals and/or organizations, with your approval, to whom we've released the amended information in the past. We will also ask if you want us to inform anyone else.

We may deny your request for any of the following reasons:

- We find no compelling evidence that the medical information is not accurate and complete;
- The information you are requesting to be amended came from another source such as another health care provider or facility;
- The information you are requesting to be amended is not considered information used to make decisions about your care, treatment or payment for your care and treatment, or;
- The information you are requesting to be amended is not normally available for your inspection by law.

If your request is denied:

- We will send the amendment request and our denial in any future releases of your health information to authorized individuals and organizations such as health care providers, health care facilities and insurance companies.
- You may submit a written statement to us disagreeing with the denial.
- You may file a complaint with PeaceHealth and request that we review your request and our denial again. Submit complaint to Organization Integrity at PeaceHealth, 1115 SE 164th Ave, Vancouver WA 98683 or call 360-729-1730.
- You may file a complaint with the Federal Office for Civil Rights at 800-368-1019 or https://www.hhs.gov/ocr/privacy/psa/complaint/index.html

This page goes to the patient – Do not scan into record

Patient Name ______________________

Date of Birth ______________________

Address ______________________

City, State, Zip ______________________

Phone Number ______________________

Medical Record #

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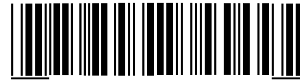

Pt Amendment

For PeaceHealth Office Use Only:
Date Received: ______________
Received by: ______________
Date Completed: ______________
Extension Needed: ❑ Yes ❑ No

DESCRIPTION OF HEALTH INFORMATION YOU ARE REQUESTING TO BE AMENDED.

All amendment requests must specify date of treatment and section to be changed. If possible, please enclose with this request copies of the specific information to be amended.

Date of Visit/Service	**Document Type** (Progress note, ED Provider note, H&P, Discharge Summary, etc.)	Provider Name

What is your reason for this amendment request: ______________________

The following information appears to be inaccurate or incomplete: ______________________

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

I understand that PeaceHealth may or may not supplement the medical record with an addendum based on my request and under no circumstances is able to alter the original documentation of the medical record. This request for an amendment will be made part of my permanent medical record and will be sent in response to any authorized requests for my medical documentation.

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Signature of Patient/Person Authorized to Sign for Patient   Relationship   Date/Time
(If signed by personal representative, proof of authority must be provided)

FOR PEACEHEALTH USE ONLY

❑ Amendment Accepted/Approved
❑ Partially Accepted/Denied

❑ Addendum Created

OR

❑ Amendment Denied (check reason for denial)
- ❑ PHI is accurate and complete
- ❑ PHI not created by this organization
- ❑ PHI is not available to the patient for inspection

Provider Comments: ______________________

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Provider Signature   **Title**   **EHR User ID**   **Date**   **Time**