

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 98683-9324
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, 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 the documentation to be accurate and complete.
- The information you are requesting to be amended was not created by PeaceHealth and cannot be amended by PeaceHealth.
- The information you are requesting to be amended is not considered to be a part of the "designated record set" (information used to make decisions about your care, treatment, or payment for your care and treatment).
- 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. Submit complaint to Organization Integrity at PeaceHealth, 1115 SE 164th Ave, Vancouver WA 98683-9324 or call 877-261-8031.
- You may file a complaint with the Federal Office for Civil Rights at 800-368-1019 or <https://www.hhs.gov/ocr/complaints/index.html>

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



**REQUEST FOR AMENDMENT OF
PROTECTED HEALTH INFORMATION**

Patient Name _____
 Date of Birth _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 Medical Record # _____

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 include date of treatment and specific information 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 inaccurate 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 will the original documentation of the medical record be altered or removed. 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.

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

- | | | |
|--|----|---|
| <input type="checkbox"/> Amendment Accepted/Approved | OR | <input type="checkbox"/> Amendment Denied (check reason for denial) |
| <input type="checkbox"/> Partially Accepted/Denied | | <input type="checkbox"/> PHI is accurate and complete |
| <input type="checkbox"/> Addendum Created | | <input type="checkbox"/> PHI not created by this organization |
| | | <input type="checkbox"/> PHI is not available to the patient for inspection |

Provider Comments: _____

Provider Signature Title EHR User ID Date Time

PeaceHealth SYS1004 (10/13/23)
Request for Amendment of PHI
 2 of 2
 Barcode DocType/Description – PTAMND (Pt Amendment)

Patient Identification