



PeaceHealth

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Pt Amendment



Patient Identification

Patient Information (please print):

LAST NAME		FIRST	MIDDLE
STREET ADDRESS		DAYTIME PHONE	
CITY, STATE, ZIP		EVENING PHONE	
DATE OF BIRTH		MEDICAL RECORD NUMBER	

After review of my medical record, I feel the original documentation is inaccurate or incomplete for the following dates of service: (from) _____ (to) _____

The following information appears to be inaccurate or incomplete:

The correcting entry (amendment) should state the following:

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. In any event, this request for an amendment will be made part of my permanent medical record and will be sent as part of the medical record in response to any authorized requests for my medical information.

Signature of Patient or Legal Representative

Date

Relationship to Patient

Please submit completed form to the Health Information Management or Medical Records Department

FOR PEACEHEALTH USE ONLY: Date Received: _____ By: _____

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

Provider Signature

EMR#

Date

Time



PeaceHealth

REQUEST FOR AMENDMENT OF
PROTECTED HEALTH INFORMATION
FACT SHEET

Patient Identification

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. We call this additional information an "amendment."

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

- You will be asked to complete and sign a request form, providing specific, detailed information to be corrected, and return it to the Health Information Management (Medical Records) department of the PeaceHealth facility holding your information.
- 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 healthcare 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 healthcare providers, healthcare 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.
- You may, file a complaint with the Federal Office for Civil Rights at 800-368-1019 or <http://www.hhs.gov/ocr/privacy/psa/complaint/index.html>

Non-chart form - Please recycle