



Request for Amendment to Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

As a patient of CommuniCare Health Centers, you have the right to request amendments to your PHI for as long as the PHI is maintained by the Center in your record. Your request will be reviewed by the Center’s Privacy Officer. While reasonable requests for an amendment to your PHI are typically granted, the Center may also deny your request. The reasons for denying requests are as follows:

1. The PHI in question was not created by the Center;
2. The PHI in question is not part of the record maintained by the Center;
3. The PHI in question is not available for you to review; and/or
4. The PHI in question is accurate and complete.

We are required to respond to your request within sixty (60) business days, or, if we cannot respond by that time, we must inform you of the reasons for the delay. If your request is granted, we will inform other covered entities and healthcare providers that will be impacted by the changes, and you will be provided with a *Notice of Amendment* within ninety (90) business days. If your request is denied, we will supply you with a *Denial of Amendment* form stating the reasons for the denial. You have the right to submit a written *Statement of Disagreement*, which will be maintained in your file and included in any future disclosures of the PHI in question.

In order to submit a valid request for amendment or addendum, you must answer the following questions:

I request that the following portion(s) of my PHI be amended: [Describe specific information to be amended below].

I am submitting this request for amendment for the following reason (s): [Briefly describe below].

By signing below, I hereby affirm that the information above is current, accurate and correct, and that I will be responsible for any incorrect information submitted.

By: _____
[Patient's Signature]

Print

Name: _____ Date: _____

[The Patient must be provided a copy of this form at the time the request is made].

For the Center's Administrative Use Only:

Request for Amendment: _____ Accepted _____ Denied

In whole: _____ [Initials and Date]

In part, as follows _____ [Initials and Date]

Description:
