

Request for Correction/Amendment of Protected Health Information

Date of Request: _____ MRN: _____

Patient Name: _____ Date of Birth: _____

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 yes, please specify the name and address of the organization or individual below.

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 ColumbiaDoctors
- PHI is not part of the 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)

Name of staff member or Healthcare Practitioner

Title

Signature of staff member or Healthcare Practitioner

Date

Place a copy of this form in the patient's record