

REQUEST FOR AMENDMENT TO PROTECTED HEALTH INFORMATION

Name of client: _____

A client has the right to request that the Center amend protected health information or a record about the client in a designated record set for as long as the protected health information is maintained in the designated record set. The Center may deny the request if it determines that the protected health information or record that is the subject of the request meets any of the following criteria:

1. Not a Center created record. The record was not created by the Center, unless the client provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
2. Not part of the designated record set. The information is not part of the Center's designated record set;
3. Not available to the client. The record in question would not be available to the client for inspection; or
4. Accurate and complete. The Center determines that the record in question is accurate and complete.

The part of the record that I would like to amend is: (Attach an additional page, if necessary). _____

I believe this amendment is necessary because: (Attach an additional page, if necessary).

IF MY REQUEST IS ACCEPTED, I understand that I must identify other persons who maintain health information about me who need to be informed of the amendment and the Center will do the same.

Signature

Date

Client's legal guardian if making request for amendment.