



REQUEST FOR AMENDMENT TO HEALTH INFORMATION

PATIENT IDENTIFICATION

You have the right to request that we amend your protected health information if it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for Community Health Network (CHNw) within a designated record set.

To request an amendment, you must make your request in writing by filling out this form and submitting it to Health Information Management. You must be prepared to provide a reason to support your request for an amendment.

We may deny your request for an amendment, if the request does not include a reason to support your request for an amendment. Furthermore, we may deny your request for an amendment if you request that we amend protected health information that: (1) was not created by us; (2) is not part of the health information kept by or for CHNw within a designated record set; (3) is not part of the information which you would be permitted to inspect and copy by law; or (4) is accurate and complete.

Please explain exactly how the entry you want to amend is incorrect or incomplete. How can we make the current entry more accurate or complete? Please be very specific. Use a separate sheet of paper, if necessary.

Would you like this Amendment forwarded to anyone to whom we may have disclosed your information in the past? If so, please list their names and addresses:

Name _____ Address: _____

Name _____ Address: _____

In addition to forwarding this Amendment to those whom you have listed above, we may also disclose this updated information as necessary, to those who have outdated information and could otherwise rely upon it to your detriment.

Print Name (Patient)

Social Security Number (last 4 digits)

Date of Birth

Signature

Date

For further information please contact: Cindy Spann, Executive Director, HIM 317.355.4193
Brittney Sanders, Privacy Manager 317.621.6792

For CHNw Use Only:

Date Received _____ Accepted _____ Denied _____

If denied, check reason for denial:

- _____ PHI was not created by CHNw
- _____ PHI is not part of patient's/client designated record set
- _____ PHI is not available for patient's/client inspection as required by federal law (e.g. psychotherapy notes)
- _____ PHI is accurate and complete

Date and method of informing individual of decision _____

If denied, did individual submit a statement of disagreement? _____ Yes _____ No

If denied, did individual request a disclosure of Request and Denial with future disclosures? _____ Yes _____ No

Comments: _____

Employee Signature

Date

