



Request for Addendum of Correction to Protected Health Information

Patient Name *(please print)*: _____

Address: _____

I hereby request to amend or correct protected health information ("PHI") about me (or as the representative of named client) in a health record held by _____ in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended.

Describe specific amendment requested *(please print)*: _____

Reason(s) for requested amendment *(please print)*: _____

I understand that if the protected health information contained in my health record was not created by _____, they are not required to honor my request. I also understand that if the information is not available for my inspection, is not part of _____ health record, or is already accurate and complete, I cannot amend the information.

I understand that _____ will respond to my request within sixty (60) days. (Note: _____ will initiate investigation to a request upon receipt.) If _____ is unable to take action within the applicable time period, _____ may extend the time for such action by thirty (30) days, provided _____, within the original sixty (60) day time period, gives me a written statement of the reasons for the delay and the date by which they will complete their action on the request.

If _____ accepts the requested amendment, _____ shall make the appropriate amendment to the PHI or health record that is the subject of the request by, at a minimum, identifying the documents that are affected by the amendment and appending or otherwise provided a link to the location of the amendment. _____ shall timely inform me that the amendment is accepted and obtain my identification of relevant persons with which the amendment needs to be shared as provided by HIPAA. _____ shall make reasonable efforts to inform (1) persons identified by me as having received my PHI, and (2) persons, including business associated (as defined by HIPAA) with _____, that _____ knows have the PHI that is the subject of the amendment and that may have relied or could foreseeably rely on such information.

If the request is denied in whole or in part, _____ will provide me with a written denial.

Signature of client or client's representative

Date

Printed name of client's representative

Relationship of client's representative

Client name _____

MRN _____

Location _____