

Request for PHI Amendment

This form is to be used by patients who wish to request that information kept in the records of Mpirik be amended. The following summarizes our policies and procedures with respect to amending patient information:

- Requests to amend information must be submitted in writing.
- Your request will be reviewed by Security & Privacy Officer and other staff members as appropriate.
- If the Security & Privacy Officer determines that the amendment you have requested should be made, the records will be updated as required by federal regulations.
- If the Security & Privacy Officer determines that the information in our records is complete and accurate, your request will be denied. A written notice of this decision will be sent to you as required by federal regulations. You will have an opportunity to send us a written statement explaining your disagreement with this decision. That statement will be included in your records, along with any response that we believe is necessary to help future users of the information understand that information. You will be given a copy of any response that we include in the record.

Information to Be Amended

Please identify the information you believe needs to be amended in the spaces provided below. Identify the source of the information (for example, your medical records or billing records), the specific information that you believe to be incorrect, and the reason you believe the information to be incorrect. If no reason is given, your request will be denied.

Information I would like to change: _____

Data source: _____

Change: _____

Reason: _____

*Response: _____

Information I would like to change: _____

Data source: _____

Change: _____

Reason: _____

*Response: _____

Please sign and date this form:

Name of Patient (Print or Type) _____

Signature of Patient _____

Date _____

Signature of Patient Representative _____

(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient _____

Request for PHI Amendment

Decision (For use by health care organization only)

Approved Amendments

The following requests for amendment of information have been approved:

This information will be corrected and other organizations to which this information has been disclosed will be notified as required by federal regulations.

Requests for Amendment That Have Been Denied

The following requests for amendment of information have been denied for the reasons given in the response to each of your requests, above:

This information will not be amended in our records. If you disagree with this decision, you may submit a written statement of disagreement. Your disagreement will be included in our records and it, or an accurate summary of it that we will prepare, will be transmitted to any entity to whom the affected information is disclosed in the future. We also may include our own comments on your statement. If we do include such a statement, you will be sent a copy of the statement.

Signature _____
Security & Privacy Officer

Date _____

*Response section to be completed by Mpirik.

Attach additional pages as needed.