

**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

**Please complete the following information:**

1. Today's Date: \_\_\_\_\_
2. Patient Full Legal Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ 4. Patient Medical Record Number: \_\_\_\_\_
5. Patient Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Date of entry to be amended (e.g., date of visit, test): \_\_\_\_\_
7. Describe the information you want amended (e.g., demographic information, physician notes, test results) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What is your reason for making this request? \_\_\_\_\_  
\_\_\_\_\_
9. Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? \_\_\_\_\_  
\_\_\_\_\_
10. Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient or Legal Representative \_\_\_\_\_

Date \_\_\_\_\_

**For National Jewish Use Only:**

Date Received \_\_\_\_\_

Amendment has been:  accepted  denied

Amendment completed: Date \_\_\_\_\_  N/A

Signature of Health Information Management Manager \_\_\_\_\_

If denied, check reason for denial

- PHI was not created by NJ
- PHI is not available to the patient for inspection pursuant to the Patient Right to Access Policy HIM
- 2.4 (e.g. psychology notes)
- PHI is not part of patient's designated record set
- PHI is accurate and complete

Comments of Healthcare Practitioner \_\_\_\_\_  
\_\_\_\_\_

Name of Staff Member \_\_\_\_\_

Title \_\_\_\_\_

Signature of Healthcare Practitioner \_\_\_\_\_

Date \_\_\_\_\_