THE UNIVERSITY OF ARIZONA

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION FORM

____ ______ / ______ / ________
Name (Please print) Date of Birth (MM/DD/YY)

_____________________ (_______)________________________
Medical Record Number Phone Number

____
Street Address

____
City / State / Zip

____
Name of the University of Arizona Department or Clinic

Date of entry to be amended: ____________ Type of entry to be amended: ______________________

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or com plete?

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Please continue to page 2.

HPP Use Only:
HIPAA Privacy Program
v. 2015

I authorize the release of the amended information described on the form to the following parties (additional parties can be listed on the back of this form):

____
Name

____
Address City State Zip

____
Signature of Patient or Personal Representative Date

You have the right to submit a Health Record Amendment/Correction request to be made a part of your health record. This request will not alter or change the original record created by your physician or health plan, but will supplement the record. We may deny your request to amend or correct your records. All decisions will be provided to you in writing within 60 days of receipt of your request.

The rest of this page left blank intentionally.

HPP Use Only:
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v. 2015

FOR INTERNAL USE ONLY

Date Received: _______________ Amendment has been: ___ Accepted ___ Denied

If denied, check reason for denial:

___ PHI was not created by this organization
___ PHI is not a part of patient's designated record set
___ PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes)
___ PHI is accurate and complete

Comments of Healthcare Practitioner (Clinician-author):
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____ ____
Name of Healthcare Practitioner Title

____ ____
Signature of Healthcare Practitioner Date

____ ____
Signature of HIPAA Privacy Officer Date

PLEASE MAKE TWO (2) COPIES

Original: Medical or Billing Record of Patient
Copy: Author
Copy: Requestor