

# Request for Amendment of Protected Health Information

<b>Name</b> <i>(Last, First, M.I.):</i>	<b>Date of Birth:</b>
<b>Phone Number:</b>	
<b>Address:</b>	
<b>Date of Treatment or Care:</b>	
<b>Location of Treatment or Care:</b>	
<b>Type of Entry to be Amended:</b>	
<b>Reason for Amendment:</b>	
<b>List Changes or Attach:</b>	
<b>If granted, please list names and addresses for others who may have received your records and would need this amendment:</b>	
<ul style="list-style-type: none"> <li>• By signing below I understand that the facility will act on this request within 60 days after receipt of this request, however the facility may extend that time for up to 30 days, but I will receive a written statement of the reasons for the extension.</li> <li>• I further understand that this request for amendment will only relate to protected health information maintained in the facilities "designated record set" as defined under federal regulations, 45 CFR 160 &amp; 164.</li> <li>• I understand that the facility may deny this request for amendment.</li> </ul>	

\_\_\_\_\_  
Signature of Patient or Patient's Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Personal Representative

\_\_\_\_\_  
Relationship to Patient

## FACILITY RESPONSE TO AMENDMENT REQUEST

The above request has been **accepted** and the requested amendment has been documented in the electronic medical record by physician/clinician and a confirmation letter has been sent to the patient.

The above request has been **denied** for the reason indicated below:

- \_\_\_\_\_ The record was not created by the facility.
- \_\_\_\_\_ The record is not part of the designated record set.
- \_\_\_\_\_ The record is accurate and complete.
- \_\_\_\_\_ The record is not available to the patient as required by federal privacy laws.
- \_\_\_\_\_ The record is a psychotherapy note.

**Applicable letter provided to the patient on** \_\_\_\_\_

\_\_\_\_\_  
Facility Authorized Signature and Title

\_\_\_\_\_  
Date



Request for Amendment of PHI

8120-0489 REV: 1/2019

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The Lawrence Memorial Hospital DBA



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