REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION(PHI)

As a patient in Elizabeth Wende Breast Care's services you have the right to request amendments to your personal health information that are inaccurate or incomplete. If you want to amend your health information, you must complete this form and return it to Elizabeth Wende Breast Care, ATTN: Privacy Officer, 170 Sawgrass Drive, Rochester, NY 14620

If we deny your request, we will let you know in writing with an explanation of why we are denying it. You have the right to submit a written disagreement to our denial. We will put your statement and requested amendment into your record. If we continue to disagree with your amendment request, we may put a written rebuttal to your disagreement into your record. If this occurs, we will let you know in writing and send you a copy of our rebuttal.

PATIENT INFORMATION

LAST NAME:_____FIRST NAME_____DOB:____/____/____

CONTACT PHONE NUMBER:_____REQUEST DATE:_____ACCT # _____

for office use only

REQUESTED AMENDMENT

1. Date(s) of Entry to be amended/corrected:_____
2. Type(s) of Entry to be amended/corrected:_____
3. Please explain how the entry(s) is incorrect or incomplete:

4. What should the entry(s) say in order to be accurate or complete:

5. Would you like this amendment sent to anyone to whom we may have disclosed information to in the past? ☐Yes ☐No
   a. If so, please specify the name and address of the organization or individual:

ACKNOWLEDGEMENT

_____ _____

***Signature** of patient or personal representative* *Date*

_____

***Printed name** of patient or personal representative*

Check one, if applicable, to describe the relationship of Legal Representative to Patient (Proof of relationship to patient required (i.e. Power of Attorney, legal guardianship, etc.):

☐ Guardian ☐Guardian Advocate ☐ Health Care Surrogate or Proxy

☐ Other personal representative (explain:_____

This Section for Company Use Only

Amendment has been:

☐ **Accepted**

☐ **Denied (If denied, check the reason for denial):**

- ☐ PHI (Protected Health Information) was not created by Elizabeth Wende Breast Care
- ☐ PHI is not part of patient's designated record set
- ☐ Federal/State law forbids making corrections to this PHI
- ☐ PHI is accurate and complete

Comments by Elizabeth Wende Breast Care Provider:

Amendment has been reviewed by the following Providers(s):

Date	Please Print Name	Signature of Provider
Date	Please Print Name	Signature of Provider

Notice was sent to the Patient on Date:_____

Send a copy of completed form to individual. Medical Records to scan into patient's EHR. Original to be filed by Privacy Officer.

Copy sent by:_____ Date copy sent:_____