

**Request for Correction/Amendment of Protected Health Information**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Address: Street: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Type of Entry to be amended (circle appropriate one):

*Visit note, Nurse note, Hospital note, Prescription information, Patient history*

Please explain how the entry is inaccurate or incomplete.

\_\_\_\_\_

Please specify what the entry should say to be more accurate or complete.

\_\_\_\_\_

Signature of Patient or Legal Guardian

Date

**Amendment has been:**

Accepted, Denied, Denied in part, Accepted in part

If denied (in whole or in part)\*, check reason for denial:

PHI was not created by this organization

PHI is not available to the patient for inspection in accordance with the law

PHI is not a part of patient's designated record set

PHI is accurate and complete

Comments from healthcare provider who provided service:

\_\_\_\_\_

\_\_\_\_\_

Name of Staff Member Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Healthcare Provider Who Provided Service

Date

\*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, *Attn: Lynne George, Privacy Officer at Pain Specialists of Texas, 4927 Lake Ridge Parkway, #170 Grand Prairie, Texas 75051*. If you do not provide us with a statement of disagreement, you may request that we provide to you copies of your original request for amendment, our denial, and any disclosures of the protected health information that is the subject of the requested amendment.

Additionally, you may file a complaint with our Privacy Officer Lynne George at 972-606-8980 or the Secretary of the U.S. Department of Health & Human Services.

\*Practice must inform patient that a written request is required, and that the patient is required to provide a reason to support the requested change.