

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

Patient Name:		Date of Birth:	
Medical Record Number:			
Patient Address:			
Patient Phone Number:			
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 complete? <i>(Please attach additional documentation if necessary)</i>			
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.			
Name		Address	
Signature of Patient or Legal Representative			Date

For UVMHC Use Only:

Date Received _____	Amendment has been: _____ Accepted _____ Denied _____
If denied, check reason for denial:	
_____ PHI is not available to the patient for inspection as required by federal law, i.e., psychotherapy notes	
_____ PHI was not created by UVMHC	_____ PHI is not part of patient's designated record set
_____ PHI is accurate and complete	
Comments of Healthcare Practitioner: _____	
_____ Name of Healthcare Practitioner and/or Admin Staff	_____ Title
_____ Signature of Healthcare Practitioner and/or Admin Staff	_____ Date/Time