



\* 1 R F A P H I \*

HEALTH INFORMATION MANAGEMENT
REQUEST FOR AMENDMENT OF PROTECTED
HEALTH INFORMATION (PHI)

MRU01840 (09/23/14)

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Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account #: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

A. Type of Encounter (ex. Emergency Department visit, Clinic visit): \_\_\_\_\_

B. Date of Entry to be Amended: \_\_\_\_\_

C. Type of Entry to be Amended (ex. Progress Note, Transcribed reports, etc.): \_\_\_\_\_

D. Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?
(If this space is not sufficient, please attach another sheet of paper.)

Four horizontal lines for providing details for item D.

E. 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.

Two horizontal lines for providing details for item E.

By signing below, I understand UMC may or may not amend the Protected Health Information (PHI) based on my request and that the original entry(ies) in the record will not be altered. Additionally, I also understand that this request to amend my PHI will be made a part of my permanent medical record.

Time Date Patient / Legal Representative Name (print) Patient / Legal Representative Signature

Submit a completed form by one of the following methods:

- MAIL TO: 1800 W. Charleston Boulevard, Las Vegas, NV 89102-2386; Attention: HIM Day Supervisor
FAX TO: (702) 207-8330; Attention: HIM Day Supervisor
WALK IN: Bring to the Medical Records (HIM) Department at above "mail to" address, Monday-Friday from 8:00am-6:00pm.
BY EMAIL: Send to the HIM Supervisor email account at HIMsupervisor@umcsn.com.

FOR HIM USE ONLY

1. Date Request Received: \_\_\_\_\_

2. Determination: [ ] Request Accepted [ ] Request Denied (indicate reason below)\*

\* Request denied, because:

- [ ] The PHI is accurate and complete
[ ] The PHI was not created at UMC
[ ] The PHI is not part of the patient's designated record set
[ ] The PHI is not available to patients for inspection as required by federal law (e.g. psychotherapy notes)

3. Date Determination Letter mailed to Patient: \_\_\_\_\_

Time Date Staff Member Signature Staff Member's Title