



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

Name of Individual	Date of Birth
Individual Health Record Number	
Mailing Address	
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?	

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
Mailing Address

Signature of Individual or Personal Representative	Date
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### FOR CHI ENTITY USE ONLY

Date Request Received	Amendment has been <input type="checkbox"/> Approved <input type="checkbox"/> Denied
If denied, check reason for denial <input type="checkbox"/> PHI was not created by CHI Health <input type="checkbox"/> PHI is not part of the individual's designated record set. <input type="checkbox"/> PHI is not available to the individual for inspection as required by federal law (i.e., psychotherapy notes). <input type="checkbox"/> PHI is accurate and complete	
Comments of Health Care Provider	

Signature of Health Care Provider	Date
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