

Harney District Hospital

Family Care

PATIENT REQUEST TO AMEND PROTECTED HEALTH INFORMATION (PHI)

Patient Name _____

Date of Birth _____

Patient Address _____

Phone # _____

DATE(S) OF ENTRY TO BE CORRECTED/AMENDED:

INFORMATION TO BE CORRECTED/AMENDED:

- my medical records my billing records
 my records used by HDHFC to make decisions about me
 all of the above

PLEASE EXPLAIN HOW THE ENTRY IS INCORRECT OR INCOMPLETE. WHAT SHOULD THE ENTRY SAY TO BE MORE ACCURATE OR COMPLETE? USE BACK OF FORM OR ADDITIONAL SHEETS IF NEEDED AND ATTACH TO THIS FORM.

INITIAL

_____ I understand that HDHFC may deny this request as permitted under Federal law and that I will be informed by HDHFC concerning the basis for the denial along with instructions concerning right to submit a statement disagreeing with such denial. I further understand that HDHFC will notify me of its decision to accept or deny my request within 60 days of receiving this request. If HDHFC is unable to comply with my request within this timeframe, I understand that HDHFC may extend the applicable deadline for up to an additional 30 days by notifying me in writing.

Signature of Patient (or Personal Representative)

Date

Printed Name of Personal Representative

Relationship to Patient

FOR HDHFC USE ONLY

Date Received

AMENDMENT HAS BEEN:

- ACCEPTED DENIED

Signature of Healthcare Provider (if applicable)

Date

Signature of HIM Director

Date

IF DENIED, REASON FOR DENIAL:

- PHI IS NOT PART OF THE PATIENT'S DESIGNATED RECORD SET
 HDH DID NOT CREATE THE RECORD
 RECORD IS ACCURATE AND COMPLETE

COMMENTS:

Harney District Hospital

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Information about Your Request to Amend Protected Health Information (PHI)

What does the right to amend PHI mean?

You or your personal representative have the right to request an amendment of your protected health information (PHI) in the designated record set maintained by Harney District Hospital Family Care (HDHFC).

What do I need to understand to use this right?

- Harney District Hospital Family Care (HDHFC) may not make the change(s) if the record did not originate with HDHFC.
- Harney District Hospital Family Care (HDHFC) may not make the change(s) if after investigation the record is found to be complete and accurate.
- Harney District Hospital Family Care (HDHFC) may not make the change(s) if the record is not part of a designated record set.
- Once accepted or denied HDHFC will provide a response to you in writing within 60 days or you will be notified in writing of the need for an extension of not more than an additional 30 days to process your request.
- If amendment is approved, you may request the amended information to be disclosed to other entities by filling out a Request of Information form indicating where, what and to whom the information needs to be sent.
- If denied, HDHFC will explain the reason for the denial which may include but is not limited to:
 - The PHI was not created by HDHFC and the originator of the PHI is still available to act on your request.
 - The information is not part of a designated record set.
 - The request includes information HDHFC has compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding.
 - The PHI has been found to be accurate and complete.
- If denied, you have the right to submit a written statement of disagreement, detailing the basis for it.
- Requests for amendment of your medical record(s) may be given directly to your health care provider, the registration desk or mailed directly to the address below. All requests will be routed to the Health Information Management Director for consideration and investigation.

Please complete the entire form, sign it and return as mentioned above. If mailing, please send to the address below:

Harney District Hospital
ATT: Shirley Gillespie, HIM Director
557 W. Washington
Burns, OR 97720