

Request for Amendment/Correction of Protected Health Information (PHI) Form

**For Amendment/Correction of Protected Health Information (PHI) Form**

**Instructions:** Please complete this form to request amendment/correction of protected health information. Submit the completed form to the Privacy Office for review and approval at [Privacy@closeKnit.com](mailto:Privacy@closeKnit.com)

## Patient Information

<b>Full Name:</b>	_____
<b>Date of Birth (MM/DD/YYYY):</b>	_____
<b>Medical Record Number:</b>	_____
<b>Contact Number:</b>	_____
<b>Email Address:</b>	_____
<b>Today's Date:</b>	_____

## Request Details

- **Please describe what needs to be Amended and/or corrected including exact dates.**

 \_\_\_\_\_  
 \_\_\_\_\_

- **Please state the reason for your request.**

 \_\_\_\_\_  
 \_\_\_\_\_

- **If this amendment or correction is accepted, would you like it to be shared with anyone to whom we may have disclosed this information in the past? If yes, please specify the name and address of the organization(s) or individual(s).**

 \_\_\_\_\_  
 \_\_\_\_\_

## Patient Authorization

I hereby request an Amendment/Correction of my Protected Health Information (PHI) as maintained by the above-named organization. I believe that certain information in my medical record is inaccurate or incomplete and am requesting that it be reviewed and corrected accordingly. I understand that the organization will review my request in accordance with applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA). I further understand that the organization may deny my request under certain circumstances as permitted by law and will provide me with a written explanation if my request is denied.

<b>Patient Signature:</b>	_____
<b>Date:</b>	_____

## Privacy Officer Review & Approval

<b>Privacy Officer Name:</b>	_____
<b>Review Date:</b>	_____
<b>Decision:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Comments/Conditions (if any):</b>	_____ _____ _____
<b>Privacy Officer Signature:</b>	_____