UT Health San Antonio

REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Name:		Request Date:	
Street Address:		Birth Date:	
City/State/Zip:		Account #:	

WHAT NEEDS TO BE AMENDED

Entry to be Amended	
Date & Author of Entry	

Please explain how the information is incorrect or incomplete. What should the information state to be more accurate or complete:

Would you like this amendment sent to anyone to whom we may have disclosed this information in the past? If so, please specify the name and address of the organization or individual (Name & Address):

I understand that the provider may or may not supplement the medical record with an addendum based on my request, and under no circumstances is able to alter the original medical record. In any event, this request for an amendment will be made part of my permanent medical record.

_____ _____

Signature of Patient/Legal Representative Date/Initiation of Request

FOR INTERNAL USE ONLY

Date Received:	Accepted ☐	Denied ☐

If Denied, Check Reason for Denial:
(PHI = Protected Health Information)

☐ PHI was not created by this organization ☐PHI is not part of patient's designated record set

☐PHI is not available to the patient for inspection ☐PHI is accurate and complete
as required by Federal law (e.g., psychotherapy notes)

Signature of Clinician:

Comments:

☐Individual was informed of denial in writing (Attach Amendment Denial Letter)

_____ Signature/Title of Staff Member	_____ Date

☐Individual has requested amendment/denial be included with any future disclosures of protected health information (Must be requested in writing and attached to this document)

_____ Signature/Title of Staff Member	_____ Date