



## Bassett Healthcare Network

## PATIENT REQUEST TO AMEND PROTECTED HEALTH INFORMATION #2962 2/03;4/04;10/10;2/20 (f:\medrec\.doc)

Patient Name (Please Print)		edical Record Number	Date Of Birth
Address	City	State	Zip
Phone Number			
Date of Entry to be Amended Type	e of Entry to be Am	nended	
Form/Document Name			
Please explain how the information is incorrect or in	complete. Include	information that should be inclu	uded in order for the entry to be more
accurate and/or complete.			
Would you like this amendment sent to anyone to w and address of organization and/or individual.	hom we may have	disclosed the information in the	e past? If so, please specify the name
Name	Addres	ss	
Name	Addres	SS S	
I understand the physician may or may not amend to circumstances may the physician alter the original dopermanent medical record and will be sent as a part	ocumentation. In a	my event, this request for an an	nendment will become a part of my
Signature of Patient or Legal Representative	Date		
*Please return completed form to Medical Record	s*		
	For Bassett Ne	twork Use Only	
Date Received in HIM Da	ate Sent to Provid	er	
Date Returned to HIM			
Provider: Amendment has been □ Accepted	☐ Denied	☐ Partial Acceptance/Denial	
If denied, check reason for denial:			
□ PHI is accurate and complete			
□ PHI was not created by Bassett Healthcare			
□ PHI is not part of patient's designated record	set		
□ PHI is not available to patient for inspection	as defined by HIF	AA or Federal law (e.g., psyc	hotherapy notes)
Physician Comments:			
Physician Signature		Date	
Staff Member Signature		Title	