



REQUEST FOR CORRECTION/AMENDMENT OF PHI (PROTECTED HEALTH INFORMATION)

(NOTE: WRITTEN REQUEST IS REQUIRED AND PATIENT IS REQUIRED TO PROVIDE A REASON TO SUPPORT THE REQUESTED CHANGE. REFER TO PRIVACY NOTICES).

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Street

Apartment #

City, State Zip

Type of Entry to be Amended: _____

Visit note Consult Note Hospital note Prescription info Patient history

Please explain how the entry is inaccurate or incomplete:

Please specify what the entry should say to be more accurate or complete:

Signature of Patient or Legal Guardian

Date

FOR INTERNAL PURPOSES ONLY:

Date Request Received: _____



- Amendment has been: Accepted
 Denied
 Denied in part, Accepted in part

If denied (in whole or in part)*, check reason for denial:

- PHI was not created by this organization.
 PHI is not available to the patient for inspection in accordance with the law.
 PHI is not a part of patient's designated record set.
 PHI is accurate and complete.

Comments from healthcare provider who provided service:

Name of Staff Member Completing Form: _____

Title: _____

Signature of Staff Member Who Provided Service

Date

*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, *Attn: VMP HIPAA COMPLIANCE OFFICER, 5579 Chamblee Dunwoody Rd, Suite 110 Atlanta, GA 30338*. If you do not provide us with a statement of disagreement, you may request that we provide to you copies of your original request for amendment, our denial, and any disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Official 404.720.0820 ext 705 or the Secretary of the U.S. Department of Health & Human Services.