

ATTACHMENT D

Patient Request for Amendment of PHI

Patient Name: _____

Patient Account #: _____ Medical Record #: _____

Patient Address: _____

Date of entry to be amended: _____ Type of entry to be amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

I authorize the release of the amended information described on the form to the following parties (additional parties can be listed on the back of this form):

Name: _____

Address: _____

Signature of Patient or Personal Representative

Date

For LSUHSC-NO Use Only:

Date Received ___/___/___ Amendment has been: ___ Accepted ___ Denied

If denied, check reason for denial:

- PHI was not created by this organization
- PHI is not a part of patient's designated record set
- PHI is not available to the patient for
- PHI is accurate and complete inspection as required by federal law
(e.g. psychotherapy notes)

Comments of Healthcare Practitioner (Clinician-author):

Name of Healthcare Practitioner: _____

Title _____

Signature of Healthcare Practitioner

___/___/___
Date