**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)**

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<thead>
<tr>
<th>Print Patient Name</th>
<th>Date of Birth</th>
<th>Last 4 digits of Social Security Number</th>
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**Patient Address:**

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<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**Patient Telephone Number:**

**Date of Admission(s) or Treatment:**

**Date and time of entry to be amended:**

**Description of PHI to be amended (include specific documents and dates of service):**

* ___________________________________________________________________________
  ___________________________________________________________________________
  ___________________________________________________________________________

**Please explain how the entry is incorrect or incomplete:**

* ___________________________________________________________________________
  ___________________________________________________________________________
  ___________________________________________________________________________

**What do you believe the entry should be:**

* ___________________________________________________________________________
  ___________________________________________________________________________
  ___________________________________________________________________________

*Attach additional sheet if necessary.*

**Please identify any persons who have received the protected information about you and who need the amendment(s), if granted:**

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<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**Signature of Patient or Patient’s Legal Representative**

**Date**

**Printed name of Patient or Patient’s Representative**

**Relationship to Patient**

*REVISION DATE: 11/18/2014*
This Section for BSWH System Use Only

MRN: ___________________________ Patient Name: ___________________________

Date (s) of Document(s): ____________________________________________________

Date request received: __________________

Deadline to grant/deny requested amendment: ______________

Extension requested? _____ no _____ yes. If yes, reason: __________________________

Date Individual notified in writing of extension: ________________________________

New deadline: __________________

Amendment: Granted _____ Denied _____

Date Individual notified: __________________

Date amendment documents Scanned into EMR: ________________

If granted, date records were appended or linked to the amendment: ________________

If denied, date the statement of disagreement was received (if any): ________________

BSWH rebuttal to statement of disagreement prepared? Yes _____ No _____

Date rebuttal sent to individual: ______________________________

Records appended or otherwise linked to (check when complete): request for amendment _____

denial of the request _____ statement of disagreement _____ rebuttal _____

Name and title of staff member processing request: ____________________________

REVISION DATE: 11/18/2014