

WOODSTOCK PEDIATRIC MEDICINE

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Page 1 to be completed by Legal Guardian or Patient- over 18:

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Street

City

State

Zip

Type of Entry to be Amended:

Office Visit note *Phone note* *Prescription information* *Patient history*

Other: _____

Please explain how the entry is inaccurate or incomplete.

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

Signature of Legal Guardian or Patient (18 or older)
Original Signature Required

Date

**REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH
INFORMATION**

Page 2: To be completed by the Woodstock Pediatric Medicine Privacy Official:

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 Healthcare Provider 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, *Woodstock Pediatric Medicine, P.C. Attn: Privacy Official 2000 Professional Way, Woodstock, GA 30188*. 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 770-517-0250 or the Secretary of the U.S. Department of Health & Human Services.