

REQUEST FOR PHI AMENDMENT



You have the right to request an amendment to your protected health information (PHI) that is held by AKDHC/PKDHC. We do not have to agree with your request if the personal health information we have about you is accurate and complete, or was not created by us, or is not part of a designated record set, or is not available for you to see.

Please complete the below information (any section that is left blank may delay our response to your request)

PATIENT INFORMATION			
Last Name	First Name		M.I.
Address	City	State	Zip
Date of Birth	Phone		

Identify the specific information you want amended (e.g., history & physical, physician notes):

Describe how the entry is incorrect or incomplete:

Provide your amendment request:

Identify anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan or other care provider):

I hereby authorize this office to add my amendment to my records and to notify other persons or organizations I have listed above, and person and/or organizations identified by the office.

Patient or Legal Representative **Printed Name**

Patient or Legal Representative **Signature**

Date

If the above signature is the patient's Legal Representative complete the following:

LEGAL REPRESENTATIVE INFORMATION			
Last Name	First Name		M.I.
Address	City	State	Zip
Representative capacity (e.g. power of attorney, legal guardian, executor of estate):	Phone		

Submitting a Request for Amendment Form:

All requests for the PHI Amendments should be documented in writing and directed to the AKDHC/PKDHC Privacy Officer. Completed request forms should be mailed to the Privacy Office using the contact information below or handed to the office staff who will direct the request to the Privacy Office for you.

AKDHC Administration Attn: Privacy Officer
 3333 East Camelback RD Suite 180
 Phoenix, AZ 85018
 Phone: 602-997-0484

We will review your request and respond within 60 days of receiving your request. A copy of your request will be added to your record.

If we make the change and you agree, we will send it to anyone we know has received the information in the past. We will also send the amendment to anyone you identify.

To be completed by the Privacy Officer

Date Received: _____

Correction or Amendment has been Accepted Denied – Letter sent

Review of this request has been delayed due to:

OFFICE USE ONLY:			
Request Received By:		Date:	