



## Request for Amendment of Protected Health Information

### Human Services

PO Box 67 Jackson, MN 56143  
(507) 847-4000

or PO Box 9, Windom, MN 56101  
(507) 831-1891

### Public Health

402 White St, Ste 201, Jackson, MN 56143 or 235 9<sup>th</sup> Avenue, Windom, MN 56101  
(507) 847-2366 • (800) 622-5207 (507) 831-1987 • (800) 247-1401

**Patient Information**

**Request Date:**

<b>Patient Name:</b>	<b>Patient Date of Birth:</b>	
<b>Patient Address</b>	<b>City, State, Zip</b>	

**Information to be amended/corrected:**

**Date and Author of Information to be amended/corrected:**

**Please explain in detail how the information is incorrect:**

**Please Explain in detail how the information should be corrected:**

**If the Amendment of Information is updated and/or corrected, please indicate anyone who you would like us to share the information with (Name and Address):**

**I understand that the provider may or may not amend the medical record with an amendment based on my request, and under no circumstances is the provider permitted to alter the original medical record. In any event, this request for an amendment will be made part of my permanent medical record.**

\_\_\_\_\_  
**Signature of Patient or Patient's Legal Representative**

\_\_\_\_\_  
**Date**

**Reason Patient Can't Sign, If Applicable:** \_\_\_\_\_

### FOR PRACTICE'S INTERNAL USE ONLY

**Date Received:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_  **Accepted**  **Denied**

**If denied, check reason for denial:**

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

**Comments:**

- Individual was informed of denial in writing (attach letter)
- Individual's Statement of Disagreement received (attach)  Yes  No – What Date: \_\_\_\_\_
- Letter of "Statement of Disagreement" Review (attach)  Yes  No – What Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature/Title of Staff Member**

\_\_\_\_\_  
**Date**