PATIENT REQUEST FOR AN AMENDMENT OF PHI

Patient Request for an Amendment of Protected Health Information

Name: _____ Social Security Number: _____
Address: _____
Phone Num: _____ DOB: _____ Acct Num: _____ MRN: _____

I hereby authorize that the University of South Alabama Hospitals amend my health information in the following manner and for the following reasons:

- Specific description of health information to be amended (include date of service, record type, document type, etc.):
  _____
  _____
  _____
  _____
  _____
- Provide detailed explanation for requested amendment:
  _____
  _____
  _____
  _____
  _____

I understand that I have the right to request an amendment of my health information maintained by or for the University of South Alabama Hospitals and that the University of South Alabama Hospitals may deny my request if it determines that I have asked to amend information that: was not created by the University of South Alabama Hospitals, unless the person or entity that created the information is no longer available; is not health information maintained as part of a designated record set; is information that I am not permitted to inspect or copy; or the University of South Alabama Hospitals determines that the information is accurate and complete. If the University of South Alabama Hospitals disagrees with my requested amendment, it will provide me with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement and a description of how I may file a complaint.

By signing this form, I acknowledge that I have read this form and the Privacy Notice and understand the terms and conditions of requesting an amendment of my health information.

_____ _____

Signature of Patient or Patient's Representative Date

_____

Printed Name of Patient's Representative (if applicable)

_____

Representative's Relationship to Patient (if applicable)

To Be Completed By the University of South Alabama Hospitals

The requested amendment(s) of the patient's health information is (are):

____ Accepted ____ Denied ____ Other (explain): _____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Privacy Officer or designee Date