



Island Coast Pediatrics
Request for Correction/Amendment of Health Information

You have the right to request an amendment to your protected health information. If you would like to request an amendment to your protected health information, please complete this form. HIPAA regulations allow 60 days for this process. You will be contacted by phone or mail of our action. If your request is denied, you have the right to request a second opinion by another Island Coast Pediatric physician. You also have the right to file a complaint with the U.S. Department of Health & Human Services, should you disagree with the decision.

Patient Name: _____ Birth date: _____

Patient Address: _____

City _____ State _____ Zip _____

Telephone # _____ Date of amendment request: _____

Please explain how the entry is incorrect or incomplete: _____

What should the entry say to be more accurate or complete? _____

Please list any entity that you wish this amended record be sent to, should it be approved:

Name/Address: _____

I understand that Island Coast Pediatrics may be required to send this amendment to Business Associates or other organizations that Island Coast Pediatrics identifies as needing the amendment. I therefore give specific permission to Island Coast Pediatrics to send the requested amendment to these organizations identified as needing the amendment.

By signing below, I fully acknowledge and agree to the above terms.

Signature of Patient/Guardian

/ _____
Date

THIS PAGE FOR OFFICE USE ONLY

Step One:

Amendment received and forwarded to CBO by: _____ on _____.

Step Two:

Request has been placed in medical record and forwarded to Privacy Officer

by: _____ on _____.

Step Three:

Privacy Officer has reviewed and forwarded to treating provider on: _____.

Step Four:

Provider returns the following decision to Privacy Officer for communication to the requesting party.

Amendment has been: Accepted Accepted in part Denied

If denied or accepted in part, check reason(s) for denial:

- PHI was not created by this organization
- PHI is not part of patient's designated record set. (Information not in relation to medical record or patient's identifying information.)
- The patient's record is accurate to the standard of reasonable care and administration.

Other: _____

Other Comments of Healthcare Provider: _____

Signature of Provider Reviewer

Date

Obtained from website

Patient notified by _____ on _____

Was communication by _____ phone or _____ mail? Patient or Guardian comments: _____

Transaction documented in Record by _____ on _____