



# Request for Amendment of Protected Health Information Form

<b>Client Name:</b>		<b>Date of Birth:</b>	
<b>Phone:</b>		<b>SSN:</b>	
<b>Address:</b>			<b>Apt/Ste/Lot #</b>
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
I feel the documentation in my medical record is inaccurate or incomplete for the following date(s) of service:			
The following information appears to be inaccurate or incomplete:			
The amended entry should state the following:			

**I understand:**

- The original information in my medical records cannot be removed or changed; but a comment, statement, or clarifying note can be added to the record.
- View Point Health may or may not grant my request for amendment.
- This request for amendment will be made part of the medical record and will be released in response to any authorized requests for my medical records.

**Signature of Client or Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For View Point Health Use ONLY</b>		<b>Date Received:</b>	<b>CID:</b>
<b>If denied, check reason for denial:</b>		<b>Amendment has been:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
<input type="checkbox"/> PHI was not created by VPH		<input type="checkbox"/> PHI is accurate and complete	
<input type="checkbox"/> PHI is not part of client's designated record set			
<input type="checkbox"/> PHI is not available to the client as required by federal law			
<b>Comments of Healthcare Provider (if applicable)</b>			
<b>Signature of Healthcare Provider</b>		<b>Title</b>	<b>Date</b>
<b>Denial Reviewed by</b>			<b>Date</b>



## Request for Amendment of Protected Health Information Form Client Information Sheet

Clients have the right to request an amendment to their medical record under federal law. Meaning, if you feel that something in your medical records is inaccurate or information is missing from your medical record, you may request that information be added to your medical record. Below is helpful information regarding the amendment process at View Point Health (VPH).

### The VPH Request for Amendment Process:

1. You will be asked to submit your request for amendment in writing. Please be as specific as possible.
2. Return your request to the address below or to any VPH Outpatient Center location.
3. VPH will review your request with your clinical team.
4. You will receive a written response within 60 days from receipt of your request.

If your request for amendment is approved, VPH will notify you in writing. Your amended records will be included in any future disclosures. We will also notify relevant individuals and/or entities with which the amendment will be shared.

### Your request for amendment may be denied for the following reasons:

- The information contained in your medical record is accurate and complete.
- The medical records are maintained by provider or entity other than VPH.
- The information you have requested to be amended is not available for inspection by law.

If your request for amendment is denied, VPH will notify you in writing. Your amendment request and denial will be included in any future disclosures. If you disagree with the denial of your amendment request:

- You may submit a one-page statement disagreeing with the denial. This statement may be no more than 500 words and will be included in any future disclosures. You have 30 days to submit a statement of disagreement.
- Request that we include your request for and denial of the amendment in any relevant future medical record releases.
- You may file a complaint with the View Point Health Privacy Officer, Falesha Robinson, in writing at 175 Gwinnett Drive, Lawrenceville, GA 30046 or by email at [Falesha.Robinson@vphealth.org](mailto:Falesha.Robinson@vphealth.org)
- You may file a complaint with the Department of Health and Human Services – Office of Civil Rights by phone at (800) 368-1019 or online at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

### Please submit your amendment request to:

View Point Health  
ATTN: Medical Records Department  
P.O Box 687  
Lawrenceville, GA 30046

Or In person at any VPH Outpatient Center location.