REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Federal law allows clients to request an amendment to their health record if they believe it contains inaccurate or incomplete information. You have the right to request that information be added to your health record. The following outlines the amendment process followed by View Point Health (VPH).

View Point Health (VPH) Amendment Request Process:

1. Submit your amendment request in writing using this form. Be as specific as possible when identifying the information to be amended.
2. Return the completed form to the Medical Records Department using one of the submission methods listed below.
3. Your request will be reviewed by your clinical team.
4. You will receive a written response within sixty (60) days of receipt of your request. If additional time is needed, VPH may extend the response period by up to thirty (30) days. You will be notified in writing of any such extension.

If your request is approved, View Point Health (VPH) will notify you in writing. The amended information will be included in future disclosures. VPH will also notify any relevant individuals or entities, such as healthcare providers, business associates, probation officers, attorneys, case managers, or others who have received the original information and may need the amendment.

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

- ❑ The information contained in your health record is accurate and complete.
- ❑ The health records are maintained by a provider or entity outside of View Point Health.
- ❑ The information you have requested to be amended is not available for inspection as per legal guidelines.

If your request is denied, View Point Health (VPH) will notify you in writing. The details of your amendment request and the 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 of disagreement. This statement may not exceed 500 words and will be included with future disclosures. You have 30 days to submit the statement.
- ❑ You may file a complaint with the VPH Privacy Officer, Falesha Robinson, in writing at P.O. Box 687, Lawrenceville, GA 30046, or by email at Falesha.Robinson@vphealth.org.
- ❑ You may also file a complaint with the Department of Health and Human Services – Office for Civil Rights by phone at (800) 368-1019 or online at www.hhs.gov/ocr.

Please return the completed form to:

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

Email: medicalrecords@vphealth.org
Fax: (678) 212-6339
In-Person: Nearest VPH Facility

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

CLIENT'S NAME:	DATE OF BIRTH:
ADDRESS:	PHONE:

I request to make an amendment/correction to the documentation made by:

PROVIDER:	ON THIS DATE:
TO DOCUMENT OR SECTION:	
THE AMENDED ENTRY SHOULD STATE THE FOLLOWING:	
EXPLANATION OF THE REQUESTED CHANGES *(you may attach a separate page if needed)*	

I understand that my request will be responded to within 60 days, or I will be informed in writing of the need for an extension of not more than 30 days to process the request. I understand that this request for amendment will be reviewed by the responsible clinician(s) and may be denied pursuant to applicable rules. If denied, I will be informed in writing and have the right to submit a written statement disagreeing with the denial. I further understand that I have a right to file a complaint to the Privacy Officer of View Point Health or file a complaint to the Secretary of the U.S. Department of Health and Human Services concerning my request for amendment. If denied, this documentation will become part of my legal health record and will be released with any future disclosures.

_____ _____

Signature of Client or Authorized Representative *Date*

If an authorized representative signs this request on behalf of the client, complete the following:

PRINT NAME:	RELATIONSHIP:

*Attach legal documentation granting you the powers to make healthcare decisions on behalf of the client.

FOR INTERNAL USE ONLY

Amendment has been: Accepted ____ Denied ____

If denied, the reason for denial:

- ❑ The PHI was not created by View Point Health (VPH).
- ❑ The PHI is not part of the client's designated record set.
- ❑ The PHI is not available for client inspection as permitted by federal law.
- ❑ The PHI is accurate and complete.

Comments: _____

Signature of Staff: _____ **Date:** _____

Print Name: _____ **Title:** _____