

**Policy CS 30: Individual Request to Correct/Amend Protected Health Information**

SECTION I:

Patient/Individual Name: \_\_\_\_\_

Patient/Individual Date of Birth: \_\_\_\_\_

Patient Individual Medical Record Number \_\_\_\_\_ OR SSN (Last 4 Digits) \_\_\_\_\_

Patient Individual Address: \_\_\_\_\_

\_\_\_\_\_

SECTION II:

I am requesting an amendment to my personal health information on file with:

School/Department/Unit: \_\_\_\_\_

From (date of incorrect entry): \_\_\_\_\_

Type of record(s) to be amended (discharge summary, progress note, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is this record incorrect?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the correct information that should be on the record?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION III:

If appropriate, please list any organizations or individuals, along with their addresses, who may have received the incorrect information in the past. Should your request be approved, the amendment will be forwarded to them.

\_\_\_\_\_

\_\_\_\_\_

Signature of Individual/Representative: \_\_\_\_\_

Representative Relationship to Individual: \_\_\_\_\_ Date: \_\_\_\_\_



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Date Received: \_\_\_\_\_

Received by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Covered Component: \_\_\_\_\_

\_\_\_ Amendment request to PHI

\_\_\_ Accepted    If accepted, record the date the update was made and individual who made the change below:

Individual who made the change: \_\_\_\_\_

Date change was made: \_\_\_\_\_

\_\_\_ Denied    \_\_\_ The PHI or record was not created by this organization

\_\_\_ The PHI or record is not part of the patient's designated record set

\_\_\_ The PHI or record is not available to the patient for inspection as required by federal law (e.g., psychiatric or counseling notes, etc.)

\_\_\_ The PHI or record is accurate and complete

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Authorized Component Employee: \_\_\_\_\_

Date: \_\_\_\_\_