

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Please complete, sign and mail the original form to the Privacy Officer at the following address:
Cambridge Health Alliance
103 Garland St.
Everett, Ma 02149

Section I: Completed by Patient or Patient's Personal Representative

Date of Request: _____ Patient Medical Record Number: _____

Patient's Name: _____

Patient Address: _____

Date of Birth: _____ Phone Number: _____

I understand that the health care provider may or may not supplement the medical record with an addendum based on my request, and under no circumstance, is able to alter the original documentation of the medical records. This request for an addendum may be made part of my permanent medical record and will be sent to individuals/organizations identified below as having relied on the content of my medical record.

I request that the following information be amended/corrected in my medical record: (What should the entry say to be more accurate or complete? Please specify the respective date(s) of service and document you would like amended.)

Reason for request: (Please explain why the entry is incorrect or incomplete.)

Date(s) of information to be amended: (e.g., date of visit, treatment, or other health care services)

Would you like this amendment/correction sent to anyone who may have received or relied on the information in question (such as your doctor, pharmacist, or other health care provider)? Yes No

If yes, please specify the name(s) and address(es):

Do you want this Request for Amendment, and the amendment or denial of amendment to be included in your medical record? Yes No

Patient or Patient's Personal Representative: _____

Date: _____ Relationship to Patient: _____



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Section II: Completed by CHA Authorized Personnel

Amendment has been: Accepted Denied

Date: _____

Updated Document(s): Electronic/Online Record Paper Record Both

Healthcare Practitioner's Comments/Special Instructions:

If denied, check the reason for denial:

- Protected Health Information was not created by the Cambridge Health Alliance
- Protected Health Information is not part of the patient's Designated Record Set
- Protected Health Information is not accessible by the patient under the Cambridge Health Alliance's policy regarding the patient's right to access his or her Protected Health Information
- Protected Health Information is accurate and complete
- Protected Health Information is accurate and complete
- Originator of the record is not available because _____

Signature of Privacy Officer _____ **Date:** _____

Denial letter sent to individual

Signature of staff _____ **Date:** _____

Print Name & Title _____