

Patient Name: _____

MRN: _____

DOB: _____



Request for Amendment of Health Information

Please complete the following information:

Date: _____

Patient's Address: _____

1. Date(s) of Entry to be amended/corrected: _____

2. Type(s) of Entry to be amended/corrected: _____

3. Please explain how the entry(s) is incorrect or incomplete:

4. What should the entry(s) say in order to be more accurate or complete?

5. Would you like this amendment sent to anyone to whom we may have disclosed information to in the past? NO YES

If so, please specify the name and address of the organization or individual:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Date

Patient/Legal Representative's Signature

Relationship to Patient



Patient Name:
MRN:
DOB:

Request for Amendment of Health Information

Nemours will act on this completed request for amendment no later than 60 days after receipt of your request, unless one 30-day extension has been requested. If an extension is requested, Nemours will notify you of this extension and provide you with the date by which we will complete your request.

Your request for Amendment may be denied. If so, you will receive a statement explaining the denial and the process on how to submit a written statement of disagreement and the basis of the disagreement. You will also receive information on how you may lodge a complaint to Nemours Privacy Officer or the Secretary of Health and Human Services.

INTERPRETER'S SIGNATURE: (To be completed only when appropriate)

I certify that I am fluent in English and the native language of the person indicating consent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient and/or adult legally responsible for the minor child has indicated their understanding of the contents of this form.

Interpreter's Signature &/or Telephone Identification Number _____ Print Name _____ Date _____ Time _____ AM/PM

To be completed by Alfred I. duPont Hospital for Children/Nemours Children's Clinic

Identification Number Amendment has been: Accepted Denied (If denied, check the reason for denial):

- PHI (Protected Health Information) was not created by this organization
- PHI is not part of the patient's designed record set
- Federal law forbids making the PHI in question available to the patient for inspection (e.g., Psychotherapy notes)
- PHI is accurate and complete

Comments of Health Care Provider:

Amendment has been reviewed by the following Healthcare Providers:

Provider's Signature Please Print Name Date Time AM/PM

Provider's Signature Please Print Name Date Time AM/PM

Notification was sent to the Patient/Legal Representative on: _____
Date

Staff Member's Signature / Title Please Print Name Date Time AM/PM