



**REQUEST FOR CORRECTION / AMENDMENT  
OF PROTECTED HEALTH INFORMATION**

PATIENT NAME: Robert L. Smith

DATE OF BIRTH: 3/2/43

PATIENT ADDRESS:

STREET: 4506 45th WY

APARTMENT #:

CITY, ST ZIP: Mangonia Park, FL 33407

Type of Entry to be amended:

- Visit note
- Medical note
- Patient History

Please explain how the entry is inaccurate or incomplete.

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Please specify what the entry should say to be more accurate and complete.

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\_\_\_\_\_  
Signature of Patient or Legal Guardian

Date: 12/30/12

Amendment has been:

- Accepted
- Denied
- Denied in part, Accepted in part

If denied (in whole or in part)\*, check reason for denial:

- PHI was not created by this organization
- PHI is not available to the patient for inspection in accordance with the law.
- PHI is not a part of patient's designated record set.
- PHI is accurate and complete

Comments from healthcare provider who provided services:

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Name of Staff Member Completing Form: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Healthcare Provider Who Provided Services      Date: \_\_\_\_\_

\*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, Attn: Randy Holyfield, 300 C. M. Allen Parkway, Suite A, San Marcos, TX 78666. If you do not provide us with a statement of disagreement, you may request that we provide to you copies of your original request for amendment, our denial, and any disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Official Randy Holyfield (512) 667-6904 or the Secretary of the U.S. Department of Health & Human Services.

\*PRACTICE MUST INFORM PATIENT THAT A WRITTEN REQUEST IS REQUIRED, AND THAT THE PATIENT IS REQUIRED TO PROVIDE A REASON TO SUPPORT THE REQUESTED CHANGE.

FOR INTERNAL PURPOSES ONLY: