



REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION ("PHI")

SECTION A: Patient to complete the following information

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: (Home) _____ (Cell) _____

I feel the documentation in my medical record is inaccurate or incomplete for the following date(s) of service: _____

The following information appears to be inaccurate or incomplete:

Table with 3 empty rows for describing inaccurate or incomplete information.

The amended entry should state the following:

Table with 3 empty rows for describing the amended entry.

I understand:

- Three bullet points explaining the patient's understanding of the amendment process.

Signature of Patient or Legal Representative: _____ Date: _____

Authorized Individual Relationship to Patient: _____

SCC Use Only:

Date Request Received: _____ Initials of SCC Recipient: _____

Approved Chart Amended by: _____ Date: _____

Denied By: _____ Date: _____ Reason: _____



Request for Amendment of Protected Health Information Patient Information Sheet

Patients have the right to request an amendment to their medical record under federal law. If you feel that something in your medical record is inaccurate, or information is missing from your medical record, you may request that information be added to fix or complete your medical record. Below is helpful information regarding the amendment process at Saban Community Clinic (SCC).

SCC Request for Amendment Process:

1. You will be asked to submit your request for amendment in writing. Please be as specific as possible.
2. Return your request to the address below or to any SCC location.
3. SCC will review your request with the appropriate providers or caregivers.
4. SCC will respond to the request in writing within 60 days from receipt of the request, and may extend the time frame an additional 30 days, if necessary. You will be notified in writing if an extension is needed.

If your request for amendment is approved, SCC will notify you in writing. Your amended records will be included in any future disclosures. We may also notify any relevant individuals and/or entities with which the amendment will need to be shared. Your request for amendment may be denied for the following reasons:

- The information contained in your medical record is accurate and complete.
- The medical records are maintained by a provider or entity other than SCC.
- The information you have requested to be amended is not available for inspection by law.

If your request for amendment is denied, SCC will notify you in writing. Your amendment request and 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 disagreeing with the denial. This statement may be no more than 500 words and will be included in any future disclosures. You have 30 days to submit a statement of disagreement.
- Request that we include your request for and denial of the amendment in any relevant future medical record releases.
- You may file a complaint with SCC's Medical Record Department, by phone at 323-330-1635 or by email at beverlymedicalrecords@sabancommunityclinic.org.
- You may also file a complaint with the department of Health and Human Services – Office for Civil Rights by phone (800) 368-1019 or online at www.hhs.gov/ocr.

Please submit your amendment request in person at any SCC location or send to:

Saban Community Clinic
Attn: Medical Records Department
8405 Beverly Blvd.
Los Angeles, CA 90048