

Request for Amendment of Protected Health Information

Patient Name:	Patient MRN:
Patient Date of Birth:	Patient/Requestor Phone Number:
Patient Mailing Address:	City, State, Zip Code:
Name of requestor (if different from patient):	
Relationship to patient:	

Individuals have the right to request amendments of their protected health information (PHI) in the Organization’s designated record set. Please complete the following so that we can timely process your request, attaching additional sheets corresponding to the questions as necessary. Submit this completed and signed form to the LSU Healthcare Network Compliance Department via mail or email to: **LSU Healthcare Network, Compliance Department, 478 S. Johnson Street, New Orleans, LA 70112** email: HNCompliance@lsuhsc.edu

1. **Describe PHI requested to be amended (e.g., medical record, lab results):**

2. **Dates of the information to be amended (date of office visit, date of procedure, other services):**

3. **What is the reason for requesting amendments?**

4. **How should the records be stated, i.e., what are the requested amendments?**

Signature of Requestor _____

Date _____

Request for Amendment of Protected Health Information

The healthcare provider has 60 days to respond to the request. The provider may extend the time for no more than 30 days if he/she provides the patient with a written statement, in plain language, of the reason(s) for the delay and the time by which he/she will complete action on the request.

Request For Amendment or Correction Accepted

The provider has the right to determine whether the request should be granted in whole or part. Requests granted in whole or part must follow the following procedure:

- The provider or LSUHN Compliance will notify the patient in a timely manner of the request for amendment or correction has been approved in part or whole and will request that the patient identify and agree to allow LSUHN to notify the relevant persons with which the amendment needs to be shared.
- The amendment or correction should always be done as an amendment to the original entry, without changing the original. The amendment will be done at the direction of the patient on a separate paper. Once amended, the patient's change(s) is then regarded as a part of the record.
- The provider should make note in the medical record that the patient has made an amendment or correction to the medical record that has been approved by the primary care physician.
- LSUHN must make a reasonable effort to notify relevant persons/business partners and any individual(s) identified by the patient of the amendment or correction to protected health information.

Request For Amendment or Correction Denied – Whole or Part

The healthcare provider has the right to determine whether the request should be denied in whole or part. Requests denied in whole or part must follow the following procedure:

- The provider must present the patient with a written statement, in plain language, of the basis for the denial and a description of how the patient may file a written statement of disagreement. The provider may deny the request for the following reasons:
 - The information sought to be amended was not created by the LSUHN.
 - The information is not part of the medical record.
 - The information is not accessible by the patient.
 - The information is accurate and complete.
- The provider must also provide a statement that if the patient does not submit a "Statement of Disagreement," the patient may request that LSUHCN provide the request for amendment and the provider's denial statement with any future disclosures of his/her protected health information.
- The provider may establish a limit to the length of the patient's "Statement of Disagreement" and may summarize the statement of disagreement if necessary.
- The provider may provide a rebuttal to the patient's "Statement of Disagreement" in subsequent disclosures.
- If the amendment is accepted in part, the amendment will follow the above procedure for amending/correcting the medical record