



**PATIENT REQUEST TO AMEND PROTECTED HEALTH INFORMATION**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. I request to make an amendment /correction to the documentation made by: (physician)

\_\_\_\_\_ on this date: \_\_\_\_\_

for (Clinic Name): \_\_\_\_\_ OR (Hospital Name): \_\_\_\_\_

The document or section: \_\_\_\_\_

Explanation of requested changes (you may attach a separate page if needed):

\_\_\_\_\_  
\_\_\_\_\_

2. Please send a copy of the amended documents to this company or individual:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If the amendment is accepted in part or full, Kootenai Health will send the amendment to other persons that previously received the health information.

3. \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or Personal Representative

If personal representative signs this request on behalf of the patient, complete the following:

Print Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Power of Attorney for Healthcare\* \_\_\_\_\_ Legal Guardian\*  
\_\_\_\_\_ Parent \_\_\_\_\_ Other

\*Attach legal documentation if you are the legal guardian or Power of Attorney or Healthcare

I understand:

- The original information in my medical record cannot be removed or changed; but a comment, statement, or clarifying note can be added to the record.
- Kootenai Health may or may not grant my request for amendment.
- This request for amendment will be made part of the medical record and will be released in response to any authorized requests for my medical records.

Signature of Patient or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Individual Relationship to Patient: \_\_\_\_\_



## PATIENT REQUEST TO AMEND PROTECTED HEALTH INFORMATION

**This form must be complete and legible in order to be processed**

**Top Section:** Complete all fields.

**Section 1:** Fill in this section with the name of the provider who recorded the information, the date of service, the specific report where the item is to be corrected, e.g. Discharge Summary, History & Physical, etc. Under explanation, state the correction that needs to be made. If extra space is required, include an additional page with this request.

**Section 2:** If we accept your amendment request, we will send the change to any person who received the information before it was changed. Complete this section if you wish us to send the amended documents to another party, such as an insurance company or an attorney. If there is more than one party that needs a copy, include an additional page with this request.

**Section 3:** The patient usually signs this form. If a personal representative completes this form on behalf of the patient, proof of authority must be provided.

**Important:** The physician or provider may or may not supplement the record with an addendum based on this request. The physician or provider cannot alter the original documentation in the record. Your request may be denied if:

- We did not create the information or the person who did create it is not available to act on your request to change it (for instance, the originator has passed or moved away);
- The information is, in our judgment, accurate and complete;
- Information is not available is not available for inspection;
- The information is not part of the medical and/or billing records we use to make decisions about your care, treatment, and payment.

A letter of acceptance or denial will be provided within the legal timeframe of your residential state. If you disagree with the denial letter, all documents related to the request for amendment will become part of your permanent medical record and will be included with any future disclosures. If you have any concerns with this request, please contact the Kootenai Health -Health Information Management Department at 208-625-6222 or mail to:

Kootenai Health -HIM Department  
2003 Kootenai Health Way  
Coeur d'Alene, Idaho 83814



## **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. Meaning, if you feel that something in your medical records 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 Kootenai Health.

The Kootenai Health Request for Amendment Process:

1. You will be asked to submit your request for amendment in writing. Please be as specific as possible, to include the report or dictation you disagree with, if they are available to you.
2. Return your request to the address below or to the Kootenai Health- Health Information Department.
3. Kootenai Health will review your request with the appropriate providers or caregivers.
4. Per Kootenai health policy, you will receive a written response within 10 days of the receipt of the request. In certain circumstances we may need an extension up to 21 days. We will notify you in writing if an extension is needed.

If your request for amendment is approved, Kootenai Health will notify you in writing. Your amended records will be included in any future disclosures. We will 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 Kootenai Health
- Inform patient of provider location, if known

If your request for amendment is denied, Kootenai Health 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 Kootenai Health's Privacy Officer, by phone at 208-625-6248.
- 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](http://www.hhs.gov/ocr).

Please submit your amendment request to:

**Kootenai Health**

**Attn: Health Information Department**

**2003 Kootenai Health Way**

**Coeur d'Alene, ID 83814**

Or in person at Kootenai Health – Health Information Management Department location.

For more information, visit: [www.kh.org](http://www.kh.org) key word medical records.