

## HARRIS HEALTH SYSTEM REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Medical record #:	Medical record #:	Medical record #:	Patient Name:	
Address:	Address:	Address:  Phone number: (H)		
Phone number: (H)	Phone number: (H)	Phone number: (H)		
Dates of the information to be amended (date of clinic visit, date of Emergency Room visit, etc.)  What is the reason for requesting amendments?  How should the records be stated, i.e., what are the requested amendments?  Signature of Patient or Personal Representative  Date  For Harris Health Use Only:  Date Received Amendment has been:AcceptedDenied    If denied, check reason for denial: PHI is not a part of patient's Designated Record Set PHI is not available to the patient for PHI is accurate and complete      PHI is accurate and complete	Dates of the information to be amended (date of clinic visit, date of Emergency Room visit, etc.)  What is the reason for requesting amendments?  How should the records be stated, i.e., what are the requested amendments?  Signature of Patient or Personal Representative Date  For Harris Health Use Only: Date Received Amendment has been:AcceptedDenied  If denied, check reason for denial:PHI was not created by Harris Health SystemPHI is not a part of patient's Designated Record SetPHI is not available to the patient for PHI is accurate and complete inspection as required by Federal law (e.g. Information used for civil action)  Comments of Healthcare Practitioner (Clinician-author):	Dates of the information to be amended (date of clinic visit, date of Emergency Room visit, etc.)  What is the reason for requesting amendments?  How should the records be stated, i.e., what are the requested amendments?  Signature of Patient or Personal Representative Date  For Harris Health Use Only:  Date Received Amendment has been:AcceptedDenied  If denied, check reason for denial:PHI was not created by Harris Health SystemPHI is not a part of patient's Designated Record SetPHI is not available to the patient forPHI is not available to the patient forPHI is not available to the patient orPHI is accurate and complete inspection as required by Federal law (e.g. information used for civil action)  Comments of Healthcare Practitioner (Clinician-author):  Signature of Healthcare Practitioner Date		
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Signature of Healthcare Practitioner Date		Please send request to:	Signature of Healthcare Practitioner	Date

Medical Record Amendments

Attention: Privacy Officer

Harris Health System Corporate Compliance

4800 Fournace Place Bellaire, TX 77401 Fax: 713-440-1020

## **Financial Record Amendments**

Attention: Record Custodian
Harris Health System Patient Business Services

4800 Fournace Place Bellaire, TX 77401