

HARRIS HEALTH SYSTEM
REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____

Medical record #: _____ **Date of Birth:** _____

Address: _____

Phone number: (H) _____ (W) _____

Description of information to be amended:

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: Accepted Denied

If denied, check reason for denial:

- PHI was not created by Harris Health System
- PHI is not available to the patient for inspection as required by Federal law (e.g. information used for civil action)

- PHI is not a part of patient's Designated Record Set
- PHI is accurate and complete

Comments of Healthcare Practitioner (Clinician-author):

Signature of Healthcare Practitioner

Date

Please send request to:

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