

**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 HCHD
- 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  
 2525 Holly Hall, Suite 171  
 Houston, TX 77054  
 Fax: 713-566-6543

**Financial Record Amendments**  
 Attention: Record Custodian  
 Harris Health System Patient Business Services  
 2525 Holly Hall  
 Houston, TX 77054