

REQUEST FOR AMENDMENT TO PROTECTED HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

As a patient of Medical Associates of NWA, P.A. (“MANA”), you have the right to request amendments to your protected health information (PHI) for as long as the PHI is maintained by MANA in your record. Your request will be reviewed by the Privacy Officer. While reasonable requests for amendment to PHI are typically granted, we may also deny your request. Denials of requests apply in the following situations:

1. The PHI in question was not created by MANA.
2. The PHI in question is not part of the record maintained by MANA.
3. The PHI in question is not available for you to review.
4. The PHI in question is accurate and complete.

We are required to respond to your request within 60 days. If we cannot respond by that time, we may have an additional 30 days to respond, but we must inform you of the reasons for the delay. If your request is granted, we will inform other persons or organizations that will be impacted by the changes, and you will be provided with a Notice of Amendment within 90 days. If your request is denied, we will supply you with a Denial of Amendment form stating the reasons for the denial. You have the right to submit a written Statement of Disagreement, which will be maintained in your file and included in any future disclosures of the PHI in question.

In order to submit a valid request for amendment, you must answer the following questions.

I request that the following portion(s) of my PHI be amended: (Describe specific information to be amended below or attach a page)

I am submitting this request for amendment for the following reason (s): (Briefly describe below or attach a page.)

By signing below, I affirm that the information above is correct and current.

Signature of Patient or Patient’s Representative

Date