

**Request for Amendment/Correction of Protected Health Information**  
(Policy 316.13)**Date of Service/Visit that is incorrect:** \_\_\_\_/\_\_\_\_/\_\_\_\_**Please explain why the information is incorrect (use back or additional page(s) if necessary):****Please write what the correct entry should be (use back or additional page(s) if necessary):**

In the event that SEARHC grants your request, SEARHC is required by law to make reasonable efforts to inform and provide the amendment within a reasonable time to: persons identified by the patient as having received the information and needing the amendment; and persons that SEARHC knows have the information and that may have relied, or could foreseeably rely, on such information to the detriment of the patient.

**If you want this amendment sent to anyone who you know received the original information; please list their names/address:****Do you want SEARHC to send this amendment to anyone that is known to have received the original information?** ☐ Yes ☐ No**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient/Personal Representative (state relationship)**STAFF USE ONLY****Privacy Officer Review:**

\_\_\_\_ The record/information is not part of the Designated Record Set      \_\_\_\_ SEARHC did not create the record/information  
\_\_\_\_ The record/information is not subject to review by patient  
\_\_\_\_ Provider who wrote the information is no longer employed by SEARHC      \_\_\_\_ Request sent to provider for review

**Provider Review:**

\_\_\_\_ Record/information is accurate as written      \_\_\_\_ Record/information is not accurate, and requested amendment is accurate

**Signature of Provider:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Amendment is: \_\_\_\_ Accepted      \_\_\_\_ Denied

**Signature of Privacy Officer:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name		HRN	
Address		City	
ST/Zip	Phone		DOB