



Request To Amend Protected Health Information (PHI)

Date _____ Client Name _____ DOB _____

Please tell us what protected health information you want changed: _____

Please tell us why you want this change. You must give a reason: _____

We must notify you within 60 days if we will amend your protected health information as you requested, or that we need more time to decide, up to 30 extra days.

Please tell us where to send your notification letter: _____

Please tell us where we may contact you by phone: _____

If we decide to amend the health information as you requested, we will send the amended information to any person or agency that received the information before it was changed, upon your request. We will send the information to any person or agency that might in the future rely upon the amended information. Please tell us if there are any such persons or agencies you wish to receive the amended information.

☐ No, there are no such persons or agencies

☐ Yes, please notify persons or agencies at these addresses: _____

We do not have to change your PHI if:

1. We did not create the information, unless the person/agency who created the information is unavailable to act on your request (for example, the health care provider who originally created the information is no longer in practice). If this exception applies to you, please explain below: _____

2. The current PHI is complete or accurate.
3. You do not have the legal right to access the information you want to be changed.
4. The information you want changed is not part of the designated record set. The designated record set is your medical, billing, and other records we use to make decisions about your care.

Signature of client or representative

If client representative, describe relationship

Please send this form to the Medical Records at: **515 28 3/4 Road, Grand Junction, CO 81501**

For more information about your privacy rights, please see the Notice of Privacy Practices, available on the website at www.healthsolutionswest.org or from the Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at P.O. Box 3807, Grand Junction, CO 81502 or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.