

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient's Name: _____
Last
First
Middle
Date of Birth

Home Address: _____ (_____) _____
Home Phone

Email Address: _____

I hereby request that City of Hope National Medical Center amend **[please check all boxes that apply]:**

- My medical records
 My billing records

All as more specifically described below:

I understand that City of Hope National Medical Center may deny this request as permitted under law. I further understand that if City of Hope National Medical Center denies my request, I will be informed in writing by City of Hope National Medical Center of its reason for the denial and what I should do if I disagree with the denial. I further understand that City of Hope National Medical Center will notify me of its decision to accept or deny my request within sixty (60) days of receiving this request. If City of Hope National Medical Center is unable to comply with my request within this time frame, I understand that it may extend the applicable deadline for up to an additional thirty (30) days by notifying me in writing.

1. Describe the information you want amended (e.g., procedures, nursing/physician notes, test results).

2. Date(s) of information to be amended (e.g., date of office visit, physician note, treatment).

3. How is the entry incorrect, incomplete, or outdated? _____
4. What should the entry say to be more accurate or complete? (Please be as specific as possible)

5. How was this information discovered? (e.g., from patient portal, medical records received)

6. Do you know of anyone who may have received or relied on the information in question (such as: your doctor, pharmacist, health plan, or other health care provider)? Yes No
If yes, please specify the name(s) and address(es) of the organizations or individual(s):

PATIENT OR PERSONAL REPRESENTATIVE PRINTED NAME	SIGNATURE	DATE	TIME
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If Personal Representative has signed above, please indicate your relationship to the patient:

- Parent
 Guardian
 Conservator
 Agent
 Other

City of Hope National Medical Center
 1500 East Duarte Road, Duarte, CA 91010

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