



Lincoln County Health and Human Services

Request for Amendment of Health Information

Patient Full Name: _____ Date of Birth: _____

Patient Address: _____ Phone: _____

Date(s) of entry to amend: _____

The following information appears to be inaccurate or incomplete:

The correcting entry (amendment) should state the following:

(Note: Legal documentation (e.g., valid ODL, SSN Card, or other legal document) is required for changes to Name, Date of Birth, Social Security Number)

Signature of Patient or Legal Representative _____

Print Name of Legal Representative _____

Date _____

If Legal Representative, authority of Legal Representative: _____
(such as parent of a minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

LCHHS Staff Use Only

Date request received: _____ Patient MRN Number: _____

Amendment: Accepted Denied

Patient Notified on: _____ (must be within 60 days of request). Notify in writing.

Patient Notified by: _____ (name)

- If denied, check reason for denial:
- PHI was not created by this organization
 - PHI is accurate and complete
 - PHI is not held by LCHHS in the Designated Record Set
 - PHI is not available to the patient for inspection
 - Other reason (describe): _____

Comments, if any: _____

Signature of LCHHS Authorized Personnel _____ Date: _____
Printed Name _____



Lincoln County Health and Human Services

Request for Amendment of Health Information

FACT SHEET

You have the right to request an amendment to your health information under federal law. This means that, if you see something in your health records that you believe is inaccurate or incomplete, you may request new information be added that corrects or completes the record. We call this additional information an “amendment”.

What to expect if you request an amendment to your health information:

- You will be asked to complete and sign a request form, providing specific, detailed information to be corrected, and return it to the LCHHS Medical Records department
- LCHHS Medical Records department staff will examine your records, and may consult with your provider and others involved in your care and treatment
- You will receive a response from LCHHS Medical Records department within 60 days. If necessary, this timeframe may be extended by LCHHS in writing up to an additional 30 days.

If your request is approved:

- You will be informed in writing
- The amendment will be included in all future releases of your health information to authorized individuals and organizations such as health care providers, health care facilities, and insurance companies
- You can request LCHHS Medical Records department to inform anyone else of the amendment

Your request may be denied for the following reasons:

- There is no evidence that the medical information is not accurate and complete
- The information you are requesting to be amended came from another source such as another healthcare provider or facility
- The information you are requesting to be amended is not considered information used to make decisions about your care, treatment, or payment for your care and treatment, or;
- The information you are requesting to be amended is not normally available for your inspection by law

If your request is denied:

- The amendment request and our denial will be included in all future releases of your health information to authorized individuals and organizations such as health care providers, health care facilities, and insurance companies
- You may submit a written statement to us disagreeing with the denial
- You may file a complaint with LCHHS Medical Records department and request that we review your request and our denial again
- You may file a complaint with the Federal Office for Civil Rights at 800-368-1019 or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>