



COMMUNITY CARE PHYSICIANS, P.C.
REQUEST FOR CORRECTION/AMENDMENT
OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Address: Street _____

Apartment # _____

City, State, Zip _____

Type of Entry to be Amended: [] Visit note [] Nurse note [] Hospital note
[] Prescription information [] Patient history

Please explain how the entry is inaccurate or incomplete. _____

Please specify what the entry should say to be more accurate or complete. _____

Signature of Patient or Legal Guardian

Date

Amendment has been: [] Accepted [] Denied [] Denied in part, Accepted in part

If denied (in whole or in part)*, check reason for denial:

- [] PHI was not created by this organization. [] PHI is not a part of patient's designated record set.
[] PHI is not available to the patient for inspection in accordance with the law. [] PHI is accurate and complete.

Comments from healthcare provider who provided service: _____

Name of Staff Member Completing Form: _____ Title: _____

Signature of Healthcare Provider Who Provided Service

Date

*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, Attn: Michael O'Connor, Esq. Privacy Officer, Operations Manager, 711 Troy-Schenectady Road, Suite 201, Latham, NY 12110. If you do not provide us with a statement of disagreement, you may request that we provide to you copies of your original request for amendment, our denial, and any disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Officer, Michael O'Connor, Esq. at (518) 782-3767 or the Secretary of the U.S. Department of Health & Human Services.

*PRACTICE MUST INFORM PATIENT THAT A WRITTEN REQUEST IS REQUIRED, AND THAT THE PATIENT IS REQUIRED TO PROVIDE A REASON TO SUPPORT THE REQUESTED CHANGE.