University of Connecticut
Health Center

(Patient Identification)

REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Name: _____

Patient Address: _____

Date of Birth: _____/____/_____ Medical Record Number _____

Date of Service to be amended: _____/____/_____

Date of entry to be amended: _____/____/_____ Time of entry _____:_____ ☐ am ; ☐ pm

Type of entry to be amended: _____

After review of my record, I do not feel the original documentation made by _____ (enter name of health care provider) accurately reflects facts about my condition, diagnosis or treatment and should be corrected or clarified in the form of an addendum to my record. I understand the physician may or may not agree with my request, and under no circumstances, will alter the original documentation in the record. However, this request for an addendum will be made part of my permanent record. It will be disclosed as part of the record in response to any authorized releases of my medical information. I request the following amendment be made to my record (please explain how the entry is incorrect and indicate what the entry should say to be more accurate): If additional space is needed, please attach to this form.

_____

_____

_____

_____

_____

_____ ____/____/_____ _____:_____ ☐ am

Signature of Patient (or legal representative [proof required]) Date Time ☐ pm

PROVIDING THE AMENDMENT TO ANYONE OUTSIDE OF UCHC

Would you like this amendment to be sent to anyone we may have disclosed this information to in the past? If so, please specify the name and the address of the organization or individual.

Name of individual/organization: _____
Address: _____
Name of individual/organization: _____
Address: _____

_____ ____/____/_____ _____:_____ ☐ am

Signature of Patient (or legal representative [proof required]) Date Time ☐ pm

Original – Medical Record Yellow – Patient

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HEALTH CARE PRACTITIONER RESPONSE (FOR UCHC USE ONLY)

APPROVAL

☐ In response to your request, the amendment will be added to your record.
Amendment Dictation ID #: _____

DENIAL

Your request for amendment has been denied for the following reason(s):

- ☐ Personal health information was not created by this organization
- ☐ Personal health information is not part of the patient's designated record set
- ☐ Personal health information is not for inspection as required by law (e.g., psychotherapy notes)
- ☐ Personal health information is accurate and complete as it stands
- ☐ Other _____

Though your request has been denied, the request will be included as part of your medical record.

_____ ___/___/____ _____

Signature of Health Information Management Designee Date Time

YOUR RIGHTS AFTER DENIAL OF AMENDMENT

If your request for amendment was denied for any reason stated above on this form, UCHC is required to inform you of your right to file a disagreement or complaint with this decision.

How to File a Disagreement:

Your statement of disagreement to our denial must be made in writing to the Health Information Department. UCHC may, upon receipt of your disagreement, write a rebuttal statement. Your statement and any UCHC rebuttal statement will be kept on file with your record and will be included in any future disclosures of this information. If you do not submit a disagreement statement, you may ask UCHC to provide a copy of your request for amendment and our denial of that request with any future disclosures of this information that UCHC makes.

You have the right to complain about the process used to handle your request:

With UCHC:	With the Department of Health & Human Services:
Privacy Officer University of Connecticut Health Center Farmington, CT 06030 Mail Code: 5329 Phone: 860-679-3501	Regional Manager, Office for Civil Rights DHHS Government Center J.F.Kennedy Federal Building – Room 1875 Boston, Massachusetts 02203 Voice Phone: (800) 368-1019 FAX: 617-565-3809 TDD: (800) 537-7697

Your complaint must be in writing, filed within one hundred eighty (180) days of when you knew or should have known of the denial, and state that you are complaining against UCHC.