



REQUEST TO AMEND OR SUPPLEMENT RECORDS

Please fill in the following information:

- 1. Patient Name: \_\_\_\_\_ 2. Birth Date: \_\_\_\_\_
- 3. Medical Record #: \_\_\_\_\_ 4. Facility: \_\_\_\_\_
- 5. Patient Address: \_\_\_\_\_
- 6. Date(s) of information to be amended (e.g., date of office visit, treatment or other health care services):  
\_\_\_\_\_
- 7. Describe the information you want amended/supplemented (e.g., history & physical, physician notes):  
\_\_\_\_\_
- 8. Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? (Use additional sheets if needed and attach to this form): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With your permission, Denova Collaborative Health will make their best efforts to notify persons or organizations who may have received all or part of your record.

- 9. Would you like this amendment sent to anyone who received the information in the past?  Yes  No If yes, please specify the name(s) and address(es) of the organization(s) or individual(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my request will be considered, but may not be granted if Denova determines that my protected health information (PHI) or record that is subject to this request was:

Not created by Denova or its business associates; Is not part of my medical or billing record; Would not be available for me for inspection under applicable law dealing with access to protected health information; Or is accurate or complete.

I have read the above and understand my right to request to amend or supplement my records. I hereby request that Denova add this amendment/supplement to my records and authorize Denova to notify other persons or organizations I have listed above, and to notify persons or organizations identified by Denova.

\_\_\_\_\_  
Signature of Patient or Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Patient



# REQUEST TO AMEND OR SUPPLEMENT RECORDS

**For Internal Use Only:**

Date Received: \_\_\_\_\_

- Your request has been granted and an amendment/supplement will be made to your permanent record
- This request for amendment has been made part of your permanent record; however, your request to amend your health record directly has been denied for the following reason(s):

\_\_\_\_\_ PHI not created by this organization \_\_\_\_\_ PHI is not part of the patient’s health record \_\_\_\_\_ PHI is accurate and complete

\_\_\_\_\_ PHI is not available to the patient for inspection as required by law (e.g., psychotherapy notes)

Comments: \_\_\_\_\_

Initials: \_\_\_\_\_

Date of Review: \_\_\_\_\_

## Instructions for Completing REQUEST TO AMEND OR SUPPLEMENT RECORDS Form

1. Print legibly in all fields using dark permanent ink.
2. Sign and date the request.
3. Submit the completed and signed form to Denova – Medical Records Department.
4. You will receive an acknowledgement of receipt of your request, no later than 10 business days after Denova receives your request.
5. You will be notified of the acceptance or denial of your request.
6. If you agree to allow Denova to release any amended information and if your request to amend is accepted:
  - a. Denova will make their best efforts to send any amended or corrected information to anyone who Denova knows received this information in the past and who may have relied, or is likely to rely, on such information to your detriment.
  - b. Denova will make their best efforts to send the correction or amendment to those individuals or entities/ organizations you identify and who have a need for the correction or amendment.
7. If your request is denied, you may do the following:
  - a. Submit to the Denova Compliance Department a one-page written statement disagreeing with the denial and the basis of such disagreement.
  - b. If you do not submit a statement of disagreement, you may request that Denova provide this request for correction or amendment (or summary) and the denial with any future disclosures.
  - c. Denova has the right to prepare a written rebuttal to any statement of disagreement. You will be provided a copy of any rebuttal statement. Any written rebuttal prepared by Denova is not subject to correction or amendment.
8. If you have a complaint about Denova policies and procedures regarding health information, you may file such a complaint with the Denova Compliance Department by calling our Compliance Helpline at 602-314-5189; the Department of Health and Human Services, Office for Civil Rights - we will provide you with the address upon request.
9. This form and subsequent information pertaining to this request will become part of your permanent health record.
10. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint.