

Request for Correction/ Amendment of Health Information

Comments of Healthcare Provider:

Name of Staff Member

Title

Signature of Health care Practitioner

Date

Copy of Initial Decision Delivered to Patient or Legal Representative:

Date: _____ By: Mail/Picked up by Patient / Other: _____

Copies of amended information forwarded to: _____

Name of Staff Member

Title

Statement of Disagreement Received:

Date: _____ Received By: _____

Request from Patient or Legal Representative to include original request form and denial with future disclosures:

Date: _____ Received By: _____

Method of Request: _____

Rebuttal Statement Prepared by Practice:

No

Yes

Author: _____

Upon Completion:

Signature of Privacy/Security Officer

Date

Urology Centers of Alabama, P.C.
Request for Correction/Amendment of Health Information

Instructions: If you would like to request a correction or amendment be made to your records, please complete the top portion of this form, answering each item. We will act on the request within 60 days of receipt and may require an additional 30-day extension. If the request is accepted, we will notify you and insert the amendment or a link in the record. If requested, we will forward the amended record to the person or organization you request. If the request is denied, we will provide an explanation in writing. Upon denial, you have the right to submit a written statement of disagreement to the practice's Privacy/Security Officer through this location. If you do not wish to submit a statement of disagreement after a denial, you may request a copy of this amendment request form with the denial to be included with future disclosures of your record. We are allowed to make a rebuttal statement to your disagreement statement of which we will provide to you. If you have a complaint regarding the amendment process or the manner your health information is managed, you may contact Wayne Spainhoward at (205) 930-0920.

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City, State, Zip: _____

Telephone Number: _____

Date of entry to be amended: _____

Type of entry to be amended: _____

Please explain how this entry is incorrect or incomplete. What should the entry state to be more accurate or complete?

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

Name

Address

Signature of Patient or Legal Representative

Date

For Office Use Only:

Date Received: _____ Amendment has been: Accepted Denied

If denied, check reason for denial:

PHI was not created by this practice

PHI is not part of designated record set

PHI is not available to patient for

PHI is accurate and complete

Inspection as required by federal law