

BILH
Affiliated Covered Entity
(BILH ACE)

Date Received:

Includes: BILH, Exeter Hospital, and Core Physicians

MR#:

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name:		Birth Date:	
Address:		Phone Number: () -	
City:		State:	Zip
Requesting amendment in the patient's medical record at : <input type="checkbox"/> Core Physicians <input type="checkbox"/> Exeter Hospital <input type="checkbox"/> Rockingham Visiting Nurse Association and Hospice			
Date(s) of service and record(s) requested to be amended:			
Author or name of provider responsible for the entry/documentation:			
Please describe the information you want amended. What would you like to add/change to the record? (You may include copies of the information for reference or attach additional comments if needed)			
If this amendment is accepted, would you like the amended information sent to anyone to whom we may have disclosed this information in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the name and address of the organization(s) or individual(s) below. Please print clearly.			
I understand that the provider may or may not amend the medical record with an addendum based on my request, and under no circumstances is the provider permitted to alter the original documentation of the medical record. This request for an amendment will be made part of my permanent medical record.			
Signature of Patient or Patient's Legal Representative		Date	
Relationship to Patient:		Print Name:	

Pursuant to 45 CFR 164.526, your request will be processed within 60 days from the date received

BELOW SECTION FOR HEALTHCARE ORGANIZATION/INTERNAL USE ONLY	
Check One: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied (if denied, check reason for denial below):	Staff Comments:
<input type="checkbox"/> Health information is accurate and complete <input type="checkbox"/> Health information was not created by this organization <input type="checkbox"/> Health information is not part of the patient's health record <input type="checkbox"/> Federal law forbids making the health information in question available to the patient for inspection (e.g. psychotherapy notes) <input type="checkbox"/> Originator of the record is not available because: _____	
_____ Signature and Title of Author/Provider	_____ Date

