

Internal Medicine of Ithaca, PC

2359 N Triphammer Road, Ithaca, NY 14850

Request for Correction-Amendment of Protected *Health* Information

A WRITTEN REQUEST IS REQUIRED, AND PATIENT IS REQUIRED TO PROVIDE A REASON TO SUPPORT THE REQUESTED CHANGE.

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Type of entry to be amended: _____

Visit 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

FOR INTERNAL PURPOSES ONLY:

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 available to the patient for inspection in accordance with the law.

PHI is not a part of patient's designated record set.

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: {Name of Privacy Officer {practice address}. If you do not provide us with a statement of disagreement, you may request that we provide your original request for amendment and our denial with any future disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with Muhammad A. Wattoo, MD, FACP 607-257-3452 or the Secretary of the U.S. Department of Health & Human Services.