AXISHealth System

REQUEST TO AMEND PROTECTED HEALTH INFORMATION (PHI)

Date_____ Patient Name_____ DOB _____

Please tell us what protected health information you want changed:

_____
_____
_____

Please tell us why you want this change. You must give a reason:

_____
_____
_____
_____

AHS must notify you within 60 days if we will change your protected health information as you requested or tell you that we need more time (up to 30 extra days) to decide.

Please tell us where to send you a letter (your full mailing address):

_____
_____
_____

Where to call you (your telephone number):

_____

If we decide to change the health information as you requested, we will send the change to any person or agency who received the information before it was changed. Please tell us if there are any such persons or agencies who need the changed information.

_____ No, there are no such persons or agencies
_____ Yes, please notify these persons at these addresses

_____
_____
_____

We will also send the amendment to other persons that we know received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm). Do you agree to this?

_____ Yes Initials_____ or _____ No Initials _____

We do not have to change your protected health information if:

1. We did not create the information, unless the person/agency who created the information is unavailable to act on your request (for example, the doctor who originally created the information has died).
   If this exception applied to you, please explain below:

   _____
   _____
   _____

2. The information is complete or accurate.
3. You do not have the legal right to access the information you want to be changed.
4. The information you want changed is not part of the designated record set. The designated record set is your medical, billing and other records we use to make decisions about your care.

_____ _____
Signature of patient or legal representative If legal representative, give relationship

Mail to: Director of Ethics and Compliance, Axis Health System, 185 Suttle Street, Durango, CO 81303.

For more information about your privacy rights, please see the Notice of Privacy Practices, available on the website at www.axishealthsystem.org, also available at any site or from the Director of Ethics and Compliance. If you believe your privacy rights have been violated, you may file a complaint with the AHS' Grievance Coordinator, PO Box 1328, Durango, CO, 81302, or with the Secretary of the Department of Health and Human Services.