DIDI HIRSCH

# Request to Amend Client Record

**Client's Name** _____ **Date of Birth:** ___/____/____

**Client's Address** _____ **Date of Service:** _____/_____/_____

_____ **Phone #:** _____

You have the right to request an amendment to your formal record if you believe the information is incorrect or incomplete. The amendment would include the information you believe is in error, and your proposed corrections to that information. To request an amendment to PHI contained within your record, please fill out this form in its entirety. The request may not exceed 250 words per alleged incomplete or incorrect item. You may mail, fax or deliver the form and any supporting documentation in person.

| **Protected Health Information alleged to be incomplete or incorrect:** (*if additional items, attach additional entries on separate page*) | **Date(s) of entries to be amended or removed:** |
|---|---|
| 1. | |
| 2. | |
| 3. | |

**Please explain the information that you believe to be incorrect or incomplete. Include what you feel would be excluded or included to make the record more accurate or complete.**

**If this amendment request is approved, please specify any name(s) and address(s) of any organizations or individuals you would like us to send the amended information to.**

***I understand that this amendment request will become a part of my Didi Hirsch formal client record. I understand that I will receive a response to my above request within 60 days or I will receive a request for an additional 30-day extension.***

_____ _____

**Signature of Client/Personal Representative/Caregiver** **Date:**

**If signed by someone other than the client, state relationship: _____**

## -FOR DIDI HIRSCH STAFF USE ONLY-

**Responding to a Client Request to Amend Protected Health Information**

**Formal Determination:**

☐ **Accepted**: Your requested addendum will be made to your permanent client record. A copy of this addendum request will be included within your formal record with Didi Hirsch and provided with any future disclosures to third parties involving the alleged incorrect or incomplete record information.

☐ **Denied:** Your requested amendment has been denied for the following reasons:

- ☐ The information was determined to be accurate and complete.
- ☐ The information you want to change was not created by Didi Hirsch Mental Health Services.
- ☐ Federal law does not permit you to inspect the information (for example, psychotherapy notes).
- ☐ The information is not part of your Didi Hirsch client record.
- ☐ The information is compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding.

**Reason for Denial:**

**If your Request is Denied:**

- You have the right to submit a written Statement of Disagreement describing why you disagree with the above denial decision.
- You may request in writing that Didi Hirsch Mental Health Services provides this request for amendment and the denial decision with any future disclosures of your protected health information.
- You also have the right to file a complaint with the Secretary of the Department of Health and Human Services @ http://www.hhs.gov/ocr/privacy/hipaa/complaints or mail your complaint to Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509 F, HHH Bldg. Washington, DC 20201

_____ _____/_____/_____

Signature Date

Patient Request Form was received on _____/_____/_____

Patient was informed of decision on _____/_____/_____by ☐ Phone Call ☐ Letter Mailed:___/___/___

_____ _____/_____/_____

Signature of Privacy Officer Date



_____ _____/_____/_____

Signature of Compliance Officer Date