REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name	Date of Birth	Health Record Number
Patient Address		
Date of Entry to be Amended/Corrected	Information to be Corrected/Amended	
Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Use additional sheets if needed and attach to this form.		
Would you like this amendment sent to anyone else who received the information in the past? If yes, please specify the name and address of the organization/individual. (circle one) YES NO		
Signature of patient or personal representative (If personal representative, state relationship to patient)		Date
Signature of witness (if patient signature is thumbprint or mark)		Date
FOR NTHS USE ONLY		
Date Received	Amendment has been (circle one) Accepted Denied	
If denied, indicate reason for denial:		
Comments of Healthcare provider (if applicable):		
Signature of Healthcare Provider	Title	Date
Signature of CEO or Designee		Date

The Medical Records Supervisor in consultation with the appropriate staff member will review the request for amendment and will inform the patient in writing of approval or denial within sixty (60) days after receipt of the request for amendment. NTHS may extend the time frame for one time only for no more than 30 days from the date of receipt of the request form if NTHS informs the patient in writing of the reasons for the delay and the date by which NTHS will act on the request.

The patient will be notified of the acceptance or denial of the request within 60 days after receipt of the request, unless NTHS extends the time period for no more than 30 days from the date of receipt of the request as allowed by law. If NTHS extends the time period, the patient will be notified in writing of the reasons for the extension and the date by which NTHS will act on the request.