

Facility Name or Logo: On-Site Solutions Physical Therapy	<i>Protected Health Information Amendment Request Form</i>	Revision Number: 1-2024
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Date Received	
Initials of HIPAA Compliance Officer	

Patient to complete the following information:

Patient Name: _____

Date: _____

Request

I hereby request that On-Site Solutions Physical Therapy (hereafter: “Facility) amend the following in my Designated Record Set (check all that apply):

- Health records
- Other: _____
- Other information (contact details, payment information, etc.). Please elaborate below:

Date(s) of information to be amended (i.e., date of visit, treatment, or other health care services):

The information is incorrect or incomplete in the following manner:

I request this amendment for the following reason(s):

Protected Health Information Amendment Request Form

The information should be amended as follows:

I understand that the Facility may or may not supplement my record with an addendum based on my request. I also understand that the Facility is not able to alter the original documentation in a record under any circumstances. Regardless whether my request is granted or denied, I understand that this request will be made a part of my permanent Health Record and will be sent as part of the Health Record in response to any authorized requests for release of my Protected Health Information.

Signature of Patient or Personal Representative	
Patient Name	
Name of Personal Representative (if applicable)	
Date	

Protected Health Information Amendment Request Form

Facility to complete the following

Date of Receipt of Request: _____

Request for correction / amendment has been: Accepted Denied

If denied, check reason for denial:

- The PHI was not created by this Facility.
- The PHI is not part of resident's Designated Record Set.
- The PHI is not available to the resident for inspection as required by federal law (i.e., psychotherapy notes)
- The PHI is accurate and complete.
- Other: _____

Notice to Patients/Others

Resident and/or others notified of determination via one or more of the following (check all that apply):

- Amendment Acceptance Letter sent to resident on _____ (date).
- Amendment Acceptance with Consent to Notify sent to resident on _____ (date).
- Notification of Amendment sent to identified persons pursuant to resident authorization on _____ (date).

Completed by	
Signature of Facility Representative	
Date	