



Request Amendment to Health Information

SECTION A: Individual completes the following information.

Date: _____

Phone Number: _____

Name: _____

Date of Birth: _____

Address: _____

REQUEST

I hereby request that The Arc of Anchorage amend the following (check all that apply):

- My medical records
- My billing records
- Other (please describe): _____

Date(s) of information to be amended (date of 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):

The information should be amended as follows:

I would like this amendment sent to the following persons who may have received my health information in the past (please specify name and address of the individuals or organizations):

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

Printed Name of Individual

Individual's Signature

Date

Printed Name of Legal Representative/Guardian

Relationship to Individual

Legal Representative/Guardian's Signature

Date

SECTION B: The Arc of Anchorage completes the following information.

DATE OF RECEIPT OF REQUEST: _____

Request for correction/amendment has been:

- Accepted Denied

If denied, check the following reason for denial:

- The Health Information was not created by The Arc of Anchorage.
- The Health Information is not part of the individual's designated record set.
- The Health Information is not available to individual for inspection as required by federal law (e.g. psychotherapy notes).
- The Health Information is accurate and complete.

Staff Comments: _____

NOTICE TO INDIVIDUAL AND OTHERS:

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

- Attachment A - Notice of Acceptance of Correction/Amendment sent to individual on _____
- Attachment B - Notice of Denial of Correction/Amendment sent to individual on _____
- Attachment C - Notice of Acceptance of Correction/Amendment sent to identified persons pursuant to individual authorization on _____

Printed Name of Staff Member

Job Title

Staff Member's Signature

Date