

LAUREATE MEDICAL GROUP, PC

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Address: _____

- Type of Entry to be Amended: Visit Note
 Nurse Note
 Patient History
 Prescription Information
 Hospital Note

Please explain how the entry is inaccurate or incomplete.

Please specify what the entry should say to be more accurate or complete.

Signature of Patient or Legal Guardian

Date

Amendment has been :

_____ Accepted _____ Denied _____ Denied in part, Accepted in part

If denied (in whole or in part)*, check reason for denial:

_____ PHI was not created by this organization.

_____ PHI is not available to the patient for inspection in accordance with the law.

_____ PHI is not a part of patient’s designated record set.

_____ PHI is accurate and complete.

Comments from healthcare provider who provided service:

Name of Staff Member Completing Form: _____

Title: _____

Signature of Healthcare Provider Who Provided Service Date

*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, Attn: Heba Adkins, 550 Peachtree St., Suite 1550, Atlanta, GA 30308. If you do not provide us with a statement of disagreement, you may request that we provide to you copies of your original request for amendment, our denial, and any disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Official Katrin King, 404-256-8500, or the Secretary of the U.S. Department of Health and Human Services.