

AOC

POLICY 10

FORM REQUEST FOR AMENDMENT OF PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Patient Address: _____

SSN: _____

Street

City, State, Zip

Type of Information to be Amended: _____ (visit record (clinical), visit record (admin.), hospital record, prescription data, patient history./ complaint)

Please tell us what the information should say to be accurate or complete AND WHY:

Signature of Patient or Legal Guardian

Date

Alabama Orthopaedic Clinic, PC has reviewed your request for amendment, and it will _____ (accept, deny or partly accept, partly deny) your request.

Part acceptances and denials can be based on the following: the information was not created by this organization, the information is not available to the patient for inspection, the information is not a part of patient's designated record set, or the information is accurate and complete.

Based on your request, the support for our decision is the following:

AOC: _____

Privacy Officer: _____

*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 Alabama Orthopaedic Clinic, PC in the same way that you submitted your request. If you do not send us a letter or form stating that you disagree, you may tell us that we should provide your original request for amendment, along with our denial, with any future disclosures of the information that is the subject of the original request for an amendment. Also, you may file a complaint with our Privacy Officer or the Secretary of the U.S. Department of Health & Human Services.