

Request for Correction or Amendment to Protected Health Information (PHI) Form

According to WakeMed's Notice of Privacy Practices, I understand that I have the right to request a correction or amendment to my PHI. I understand that WakeMed will determine whether the health information is incorrect or incomplete and revise my health record accordingly. I also understand that WakeMed will notify me in writing if my request is denied, and that I may submit a written statement of disagreement that will be placed in my medical record.

PATIENT INFORMATION

Patient Name (please print): _____ Date of Birth: _____

Check the box that identifies your relationship to the patient:

Self Parent Guardian Power of Attorney Other _____

Please provide your name if you are not the patient (please print): _____

Mailing address: _____

Phone Number: _____

I do not feel that the documentation entered on _____ accurately reflects my condition/diagnosis/treatment.
Date of Entry

This documentation is located in the _____.
Location of entry in the medical record, e.g., History and Physical, Office Visit, etc.

I feel this information is incorrect or incomplete because:

I request the entry be corrected or amended in the following way:

Signature: _____ Date: _____

FOR WAKEMED USE ONLY

Date Request Received: _____ Medical Record Number: _____

In response to your request the following action has been taken:

- A correction/amendment has been made to your PHI.
- A correction/amendment did not occur for the reason indicated:
 - PHI was not created by WakeMed
 - PHI is not a part of the patient's designated record set
 - PHI is not available for patient to review as required by federal law
 - PHI is accurate

Signature: _____ Response Mailed On: _____

This form is copied and sent with any copies requested for the encounter date recorded on this form.

WakeMed

Patient Label
placed here

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