



REQUEST TO CORRECT OR AMEND PROTECTED HEALTH INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Email: \_\_\_\_\_

I feel the documentation in my medical record is inaccurate or incomplete for the following date(s) of service:
Provider Name (If known): \_\_\_\_\_

The following information appears to be inaccurate or incomplete:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

The amended entry should state the following:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- I understand:
• Astria Health will review my request for correction or amendment of records and respond within 10 days of receipt, except in unusual circumstances. If unusual circumstances exist, Astria Health will notify me of any delay and respond within 21 days of receiving my request.
• Astria Health may or may not grant my request for amendment.
• This request for amendment will be made part of the medical record and will be released in response to any authorized requests for my medical records.

Signature of Patient/Legal Authority: \_\_\_\_\_ Date: \_\_\_\_\_
Legal Authority: [ ] Self [ ] Parent [ ] Legal Guardian [ ] Medical Power of Attorney
\*\*Please attach Legal Documentation if you are the Legal Guardian or holder of Power of Attorney

This section to be completed by Astria Health Provider or Representative:

Date request received by Astria Health: \_\_\_\_\_ Reviewed by: \_\_\_\_\_
Correction/Amendment has been: [ ] Accepted [ ] Denied [ ] Partially Accepted
Description of Correction/Amendment: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- If denied, check reason for denial:
[ ] The existing health information is accurate and complete
[ ] This health information was not created by this organization
[ ] This request was not part of the patient's health care records
[ ] The record no longer exists or cannot be found

I have reviewed this request for correction/amendment and responded with the decision indicated above.

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Please Print) \*\*Please review reverse side for instructions on submitting request.



## **REQUEST TO CORRECT OR AMEND PROTECTED HEALTH INFORMATION: Patient Information Sheet**

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Patients have the right to request an amendment to their medical records under state and federal law. If you feel that something in your medical records is inaccurate, or information is missing from your medical record, you may request that information be added to fix or complete your medical record. Below is helpful information regarding the amendment process at Astria Health.

- You will be asked to submit your request for amendment in writing. Please be as specific as possible.
- Return your request to one of the options below.
- Astria Health - Health Information Department will review your request with the appropriate providers or caregivers.
- Per state law, you will receive a written response within 10 days. In certain circumstances we may need an extension up to 21 days. We will notify you in writing if an extension is needed.

If your request for amendment is approved, Astria Health will notify you in writing. Your amended records will be included in any future disclosures. We will also notify any relevant individuals and/or entities with which the amendment will need to be shared.

Your request for amendment may be denied for the following reasons:

- The information contained in your medical record is accurate and complete.
- The medical records are maintained by provider or entity other than Astria Health.
- The information you have requested to be amended is not available for inspection by law.

If your request for amendment is denied, Astria Health will notify you in writing. Your amendment request and denial will be included in any future disclosures. If you disagree with the denial of your amendment request:

- You may submit a one-page statement disagreeing with the denial. This statement may be no more than 500 words and will be included in any future disclosures. You have 30 days to submit a statement of disagreement.
- Request that we include your request for and denial of the amendment in any relevant future medical record releases.

You may file a complaint with Astria Health System Compliance Officer by email at [Compliance@Astria.Health](mailto:Compliance@Astria.Health)

You may also file a complaint with the Department of Health and Human Services – Office for Civil Rights by phone: (800) 368-1019 or online at [www.hhs.gov/ocr](http://www.hhs.gov/ocr).

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### **This Authorization can be sent to us by Mail, Fax or Email:**

**Astria Health – Attn: Health Information Dept. 1016 Tacoma Ave, Sunnyside, WA 98944**

**Phone: 509-837-1636, Fax: 509-837-1637**

**Email: [ChartCorrections@Astria.Health](mailto:ChartCorrections@Astria.Health)**

**Monday – Friday, 8:00am – 4:30pm, Closed all major Holidays**