Beth Israel Lahey Health
Beth Israel Deaconess Needham

PATIENT'S NAME	
MED. REC. #	
DOB	
	Patient Identification

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)

What is a medical record entry?

An entry in the medical record is the note that your healthcare provider has written. Each entry is dated and signed. When you look at an entry, you may see something you think is incorrect or incomplete. If you do, you may want to add an amendment.

What is an amendment?

An amendment is a statement by you that corrects or adds to the medical record entry. No part of the original entry can be destroyed or changed. However, you may add your statement to the record.

How can I add an amendment?

You can amend your medical record entry by filling out this form. Tell us what you think is wrong or incomplete in the entry. And tell us who might have received your record so that we can send an amendment along.

How can I find out more about the amendment process and my rights to amend my medical records? The publication, Notice of Privacy Practices, "Right to Amend" details the procedure and rules regarding amendment. This request needs to be approved before your amendment is added to your record.

Date of Entry to Be Amended: ________ Record Type: _ Inpatient _ Outpatient / Emergency

Who wrote the original entry?

Please explain how you think the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Limit your statement to fifty (50) words or less. You may use page 2 of this form if needed.

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REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)	Pa	tient Identification
Have you spoken with your provider who wrote the en	ntry before making this	request? Yes No
If this amendment is approved, please tell us who mighthe amendment to them:	ht have received your re	ecord so that we can send
Name:		
Address:		
Telephone: ()		
Additional Comments.		
X		OR
Patient's Signature	Print Na	ame
Signature of Person authorized to sign for patient	Print Name	Relationship to patient
Day	to. / Time	•

Submit completed form by mail or fax to:

Mail: Health Information Management

Beth Israel Deaconess Hospital Needhan

148 Chestnut Street

Needham, MA 02492

Fax: 781-453-5783 **Phone:** 781-453-5211

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REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)	DOBPatient	Identification	
For Internal Use Only -			
Date Request Received:/			
Date of Review by Ad Hoc Amendment Committee:			
Request for Amendment:	ed If Denied, check reas	on:	
Documentation specified:			
was not created by the BID Needham Hospita to believe that the author of the PHI is no longer			
is not part of the patient's designated record s	et.		
is accurate and complete.			
would not be available for inspection pursuan	t to § 164.524 of HIPAA.		
Comments:			
XHIM Representative Signature	Print Name	//	Time (24 hour)



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MED. REC. #		
DOB		
Patient Identification		

AMENDMENT NOTICE

This patient has an amendment	on file.		
HIM Date Received:/;	Date Processed:/;		
XHIM Representative Signature	Print Name	/	Time (24 hour)