Patient Label

UCI Health

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Date: _____ Date of Birth: _____ Best Phone Number to Call: _____

_____
Patient Name

_____
Address City State Zip Code

Patient's Medical Record Number: _____ Date of Entry to be Amended: _____

Document to be Amended: _____

Location in chart: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

Note: <u>We cannot delete nor destroy any information already included in your medical record</u>. We can only add clarifying or correcting statements.

We must notify you within 60 days if we will amend your protected health information as you requested, or tell you that we need more time (up to 30 extra days) to work on your request.

If we decide to change the health information as you requested, we will send the change to any person who received the information before it was changed. Please list any additional person(s) who need the changed information:

☐ Do not send to any additional person(s)
☐ Send my amended information to the following (list names, address(es) and phone #s)

Name	Address	City	State	Zip Code	Telephone

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We do not have to change your protected health information if:

- We did not create the information, unless the person who created the information is unavailable to act on your request to change it (for example, the doctor who originally created the information as expired). If this exception applies to you, please explain:

- The information is accurate and complete, as is.
- You do not have the legal right to access the protected health information you want to change.
- The protected health information you want changed is not part of the designated record set. This includes your medical records, billing records and records containing your protected health information that are used by us to make decisions about you.

When you have finished filling out this 3-page form, please send it to:

UCI Health – Orange 101 The City Drive, Building 25A Orange, CA 92868	(714) 456-5670 | Fax: (888) 522-3679
UCI Health – Fountain Valley 11170 Warner Ave, Suite 102 Fountain Valley, CA 92708	(714) 966-8024 | Fax: (714) 966-3398
UCI Health – Los Alamitos Release of Information 3951 Katella Ave Los Alamitos, CA 90720	(562) 594-3003 | Fax: (562) 799-3107
UCI Health – Lakewood Medical Records 3700 E South St Lakewood, CA 90712	(562) 272-6576 | Fax: (562) 602-6779
UCI Health – Placentia Linda Medical Records 1301 Rose Drive Placentia, CA 92870	(714) 524-4846 | Fax: (714) 524-4867

Person completing form:

_____ Date: _____ Time: _____ AM/PM
Patient or Patient's Representative Signature

_____ _____
Relationship to Patient Reason for Non-Patient Signature

_____ _____ Date: _____ Time: _____ AM/PM
Witness Signature Witness Print Name

If Interpreted: _____ _____ Date: _____ Time: _____ AM/PM
ID# Language

☐ Telephonic ☐ Video Interpreter

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REQUEST TO AMEND PROTECTED HEALTH INFORMATION

For additional information about your privacy rights, see the "Notice of Privacy Practices" that is available on UCI Health's website: http://www.ucirvinehealth.org or by sending a request to the Compliance Department at:

UCI Health Compliance Privacy Officer (888) 456-7006
333 City Blvd West, Suite 1200
Orange, CA 92868

If you believe your privacy rights have been violated, you may file a complaint with UCI Health or with the secretary of the U.S. Department of Health and Human Services. To file a complaint with UCI Health, contact:

UCI Health Compliance Privacy Officer (888) 456-7006
333 City Blvd West, Suite 1200
Orange, CA 92868

All complaints must be submitted in writing.
You will not be penalized for filing a complaint.