

MMG Acct # _____

Date rec'd _____

Request for Correction or Amendment to Protected Health Information

Patient name _____ Date of birth _____
(please print)

Address _____
Street number City, state, zip

Home phone _____ Other phone _____

1. Type of protected health information (PHI) to be corrected or amended:

- | | |
|---|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> History and physical exam |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Procedure/operative notes |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Billing/payment history |
| <input type="checkbox"/> Office visit notes | <input type="checkbox"/> Other _____ |

2. Explain how the entry is inaccurate or incomplete: _____

3. Please specify what the entry should say to be more accurate or complete: _____

Signature _____ Date _____
Patient or Legal Representative

This portion to be completed by McHenry Medical Group staff member

Correction or amendment has been: accepted denied denied in part, accepted in part

Reason for denial (in whole or in part):

- PHI was not created by McHenry Medical Group
 PHI is not available to the patient for inspection in accordance with the law
 PHI is not a part of the patient's designated record set
 PHI is accurate and complete

Comments from physician who provided service: _____

Signature of physician _____ Date _____

Staff member completing form (name, title) _____

NOTE: If your request has been denied, in whole or in part, you have the right to file a statement of disagreement with the Privacy Officer, McHenry Medical Group. You may request that we provide you with copies of your original request for correction or amendment, our denial, and any disclosures of protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with the Privacy Officer or with the U.S. Secretary of Health & Human Services.