

# Request to Addend Protected Health Information (PHI)

Date of Request: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Date of entry to be addended: \_\_\_\_\_

Please explain where you saw this entry and why it is incorrect or incomplete.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What should the entry say to be more accurate or complete?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like this addendum sent to anyone to whom we have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

I understand that the provider may or may not addend my medical record based on my request, and under no circumstances is the provider permitted to alter the original medical record. In any event, this request for an addendum will be made part of my permanent medical record.

\_\_\_\_\_  
**Signature of Patient or Authorized Representative**

\_\_\_\_\_  
**Date**

**For Office use only:**

Date Received: \_\_\_\_\_ Addendum has been  Accepted  Denied

If denied, check reason for denial:

Medical Record #: \_\_\_\_\_

\_\_\_\_\_ Health Information was not created by United Hospital System

\_\_\_\_\_ Health Information was accurate and complete at the time of record entry

