

CATHOLIC SOCIAL MINISTRIES, INC.

**INDIVIDUAL'S REQUEST FOR AMENDMENT
OF PROTECTED HEALTH INFORMATION**

Name: (First/Middle/Last) _____
Address: (Street/City/State/Zip Code) _____

Date of Birth: _____ Social Security Number: _____
Date of Request: _____

Date of entry to be amended: _____
Type of entry to be amended: _____

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

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

I understand that Catholic Social Ministries reserves the right to amend the protected health information based on my request, and the original entry(ies) in the record will not be altered. This request to amend will be made a part of my permanent health care record.

Signature of Individual Date

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

Signature of Personal Representative Date

Legal Authority of Personal Representative

For Office Use:

Date Received _____ Accepted _____ Denied _____

If denied, check reason for denial:

- ___ PHI is accurate and complete
- ___ PHI was not created by Catholic Social Ministries, Inc.
- ___ PHI is not part of individual's designated record set
- ___ Pursuant to federal law PHI is not available to individual for inspection (e.g. psychotherapy notes)
- ___ If denied, individual was informed of denial in writing
- ___ If accepted, individual was informed of acceptance

