Pediatric Partners of Virginia

Request for Correction/Amendment of Protected Health Information

Patient Name: _____ Date of Birth:_____

Patient Street Address: _____ Account /Chart: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Type of Entry to be Amended: □ Visit Note □ Nurse Note □ Hospital Note □ Prescription Information □ Patient History

Please explain how the entry is inaccurate or incomplete: _____

_____

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

_____

_____ _____ _____

Signature of Parent/Guardian | Printed Name | Date

FOR INTERNAL PURPOSE ONLY:

Date Request Received: _____ Date Compliance Officer Received this Request: _____

Compliance Office Signature: _____ Date: _____

The amendment has been: □ Accepted □ Denied □ Denied in part/Accepted in part (A reason must be checked if request for correction/amendment is denied in whole or in part)

Reason for Denial:

□ This organization did not create PHI

□ PHI is not part of the patient's designated record set.

□ PHI is not available to the patient for inspection in

□ PHI is accurate and complete

Comments from a healthcare provider who provided service: _____

_____

Name of Staff Member Completing Form: _____ Title: _____

_____

Signature of Healthcare Provider Who Provided Service Date

* If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, *Attn: Corporate Administrator, Pediatric Partners of Virginia 9020 Stony Point Parkway, Suite 165 Richmond, VA 23235.* Suppose you do not provide us with a statement of disagreement. In that case, you may request that we provide your original request for amendment and our denial with any future disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with our Corporate Administrator at the above-stated address or the Secretary of the U.S. Department of Health & Human Services.

***Practice must inform the patient that a written request is required and that the patient is required to provide a reason to support the requested change.**

Revised 12/2023