REQUEST TO AMEND PHI

This form is to be used by patients who wish to request that information kept in the records of (Advanced Orthopedics of Oklahoma) be amended. The following summarizes our policies and procedures with respect to amending patient information:

- Requests to amend information must be submitted in writing.
- Your request will be reviewed by our Compliance Officer and/or other staff members as appropriate.
- If we determine that the amendment you have requested should be made, the records will be updated as required by federal regulations.
- If we determine that the information in our records was not created by our practice, not part of your designated record set, would not be available for inspection under 45 CFR 164.524, or is complete and accurate, your request will be denied. A written notice of this decision will be sent to you as required by federal regulations. You will have an opportunity to send us a written statement explaining your disagreement with this decision. That statement will be included in your records, along with any response that we believe is necessary to help future users understand the information. You will be given a copy of any response that we include in the record.

  We will act on your request for an amendment no later than 60 days after receipt of this request.

Information to be amended

Please identify the information that you believe needs to be amended in the spaces provided below. Identify the source of the information (for example, your medical records or billing records), the specific information that you believe to be incorrect and the reason you believe the information to be incorrect. If no reason is given, your request will be denied.

If you need help with this form, please contact:

(Medical Records. 918-927-3304

Item to be changed:_____

_____

Data Source:_____

Change:_____

_____

Reason:_____

_____

*Response_____

Item to be changed:_____

_____

Data Source:_____

Change:_____

_____

Reason:_____

_____

*Response:_____

_____

Attach additional copies of this page as needed.

_____

Name of Patient (Type/Print)

_____

Signature of Patient Date

_____

Signature of Patient Representative (if applicable)

_____

Relationship of Patient Representative to Patient (if applicable)

APPROVAL/DENIAL OF REQUEST TO AMEND PHI

(Advanced Orthopedics of Oklahoma)

Approved Amendments
The following requests for amendment of information have been approved:_____
_____
_____
_____
_____
_____

We will identify the records in your designated record set that are affected by this amendment and append or otherwise provide a link to the location of the amendment. We will make a reasonable effort to inform and provide the amendment within a reasonable time to the following persons identified by you that need the amendment:_____
_____
_____
_____
_____

Also, we will inform any of our business associates (that we know of) that have protected health information that is affected by this amendment.

Requests for Amendment That Have Been Denied
The amendments that have been denied and the basis for the denial thereof are as follows:_____
_____
_____
_____
_____
_____

This information will not be amended in our records. If you disagree with this decision, you may submit a written statement of disagreement. Your statement must be limited to one standard letter-sized page (8 inches X 11 inches) per correction. Your disagreement will be included in our records and it, or an accurate summary of it that we will prepare, will be transmitted to any entity to whom the affected information is disclosed in the future. We also may include own comments on your statements. If we do include such a statement, you will be sent a copy of the statement. If you do not wish to submit a statement of disagreement you may request that we include your request for amendment and the denial thereof with any future disclosures.

If you wish to submit a complaint to us or to the Secretary of Health and Human Services please contact:

_____
Name of Compliance Officer (Type/Print)

_____
Signature of Compliance Officer Date