



## REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SID: \_\_\_\_\_ DOB: \_\_\_\_\_

Please tell us what protected health information you want amended (limit 250 words here or attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us why you want this amendment. You must give a reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will tell you within 60 days if we will amend your protected health information as you requested.

Tell us the address where to send you a response: \_\_\_\_\_

\_\_\_\_\_

Provide us with a phone number so we can call you: (\_\_\_\_) \_\_\_\_\_

If we agree to amend the health information as you requested, you may request that we send the amendment to any person/s who received the information before it was amended.  Check here if you want UHS to send the amended information.

If you would like the amended information sent to someone, you must complete an “Authorization for Release of Information” form and attach it to this form.

### We do not have to amend your protected health information if:

1. We did not create the information, unless the person who created the information is unavailable to act on your request to amend it (for example, the doctor who originally created it is no longer practicing medicine). If this exception applies to you, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
2. The information is accurate and complete and has been verified as such by your provider.
3. You do not have the legal right to access the protected health information you want amended.
4. The protected health information you want amended is not part of the UHS record set. This includes your medical records and billing records containing your protected health information that are used by us to make decisions about you.

Signature of patient  
or representative: \_\_\_\_\_

If representative,  
give relationship: \_\_\_\_\_

When you have finished filling out this form, please send or deliver it to: Health Records, University Health Services, The Tang Center, 2222 Bancroft Way, Berkeley, CA 94720-4300.

If you believe your privacy rights may have been violated, you may file a complaint with the University Health Services. To file a complaint with UHS, please write the Privacy Officer, UHS, 2222 Bancroft Way, Berkeley, CA 94720-4300. **You will not be penalized for filing a complaint.**