



Rutland Regional Medical Center

An Affiliate of Rutland Regional Health Services

160 Allen Street, Rutland, VT 05701 • 802.775.7111 • www.RRMC.org

REQUEST FOR AMENDMENT/CORRECTION OF PROTECTED HEALTH INFORMATION

Please complete form and forward to: ROI/Health Info. Management 160 Allen Street Rutland, VT 05701

Name:		Request Date:	
Street Address:		Birth Date:	
City/State/Zip:		MRN:	

WHAT NEEDS TO BE AMENDED/CORRECTED & WHY

Entry to be amended:	
Date & Author of entry:	

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

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

Names & Addresses:

I understand that the provider may or may not amend the medical record with an amendment 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 amendment will be made part of my permanent medical record.

Signature of Patient or Patient's Legal Representative

Date

FOR RRHS USE ONLY

Date received:

Accepted

Denied

If denied, check reason for denial:

- | | |
|--|---|
| <input type="checkbox"/> PHI was not created by this organization | <input type="checkbox"/> PHI is not part of designated record set |
| <input type="checkbox"/> PHI is not available to the individual for inspection as permitted by federal law (e.g., psychotherapy notes) | <input type="checkbox"/> PHI is accurate and complete |

Comments:

- Individual was informed of denial in writing (attach letter)
 - Individual's Statement of Disagreement received (attach) Yes No
 - Letter of "Statement of Disagreement" Review (attach) Yes No

Signature/Title of Staff Member

Date