

# MerrimackHealth

## Request for Amendment/Correction of Protected Health Information (PHI)

Patient Name:		Request Date:	
Street Address:		Date of Birth:	
City/State/Zip:			

### What Needs to Be Amended/Corrected & Why?

Describe the information you want amended/corrected (e.g., nursing/physician note, test results)  
*Attach a copy of it if you have one:*

Date(s) of Entry/Information  
you want corrected:

Explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Use the back of this form if needed

What is the reason you are requesting the change to the information?

If your request is accepted, would you like the correction sent to anyone else who received the information in the past?  Yes  No

If YES, please list the name & address, fax number or email of this individual or organization:

I understand that:

- Merrimack Health (MH) will consider my request and inform me, in writing, of its decision to accept or deny my amendment/correction
- The original health information entry in my record will not be changed. However, the correction will become part of my permanent record and will be included with any disclosure of my health information

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signer

***IF SIGNED BY A PERSONAL REPRESENTATIVE:***

Relation to Patient/Type of Authority:  
(e.g., custodial parent, court appointed) \_\_\_\_\_

Return form to: Merrimack Health Compliance  
One General Street  
Lawrence, MA 01842-0389

**For Merrimack Health Compliance/Internal Use**

Date received:

Accepted

Denied

If denied, check reason for denial:

PHI was not created by MH

PHI is not part of MH's Designated Record Set (DRS)

PHI is accurate & complete

PHI cannot be amended under MH policy (e.g., psychotherapy notes, x-rays)

Fact-finding summary: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Signature & Title of Signer

\_\_\_\_\_  
Date