

PATIENT REQUEST: CORRECTION / AMENDMENT OF PROTECTED HEALTH INFORMATION

*Purpose: To request amendment or correction of PHI maintained in patient health records**

Please check the appropriate box and fill in the blank as needed:

- _____ (name of facility)
- All WellStar entities

Please complete the following section (print clearly):

_____ Patient's Last Name	_____ First Name	_____ MI	_____ Birth Date (Month / Day / Year)	
_____ Street Address / Apt # (include complete mailing address)		_____ Medical Record Number (if known)		
_____ City	_____ State	_____ Zip	_____ Home Phone #	_____ Alternate Phone #

REQUEST DETAILS: I hereby request amendment / correction of my Protected Health Information as indicated below (check all that apply):

- Medical Records Billing Records Other: _____
- Type of information to be amended (please list specific reports, results, etc.): _____

Date(s) of information to be amended (i.e. date of visit, treatment, or service): _____
Please explain how the information is incorrect or inaccurate (please attach any supporting documentation to this form): _____

What should the entry state in order to be more accurate or complete? _____

PATIENT AGREEMENT (please check (X) the appropriate response):

Would you like this amendment sent to anyone to whom we may have disclosed information in the past? Yes No
If yes, please specify the name and address of the organization(s) or individual(s): _____

PATIENT SIGNATURE:

_____ Date of Request	
_____ Print Name (or)	_____ Print Name of Legal Guardian/Authorized Personal Representative
_____ Signature of Patient (or)	_____ Signature of Legal Guardian / Authorized Personal Representative*

*Wellstar will respond to your request within 60 days.

- *Please indicate your relationship to the patient:
- Parent or Guardian of an Unemancipated Minor
- Guardian or Conservator or an Incompetent Patient
- Medical Durable Power of Attorney
- Other: _____

Wellstar Health System / Attn: Chief Privacy Officer
793 Sawyer Road, Marietta, GA 30062
(O) 470-644-0444 / (F) 770-509-4236 email: privacyofficer@wellstar.org

Wellstar Health System

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