

**SOUTH LYON MEDICAL CENTER  
AMENDMENT REQUEST**

Purpose: This form is used for an individual's request to amend protected health information or records in our designated records.

**SECTION A: Individual requesting records amendment.**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION B: To the individual—Please read the following and complete the information requested.**

You have the right to request that we amend your protected health information in designated record we maintain. We may decline your request if the information is not part of these designated records we did not create the information, we believe the information is complete and accurate, or the information is compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding, or not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a). To exercise your right to request amendment, please complete this Section B.

Please specify the records you wish to amend and the amendments you wish to make: \_\_\_\_\_

\_\_\_\_\_

Please state the reasons for the amendments: \_\_\_\_\_

\_\_\_\_\_

Please list the name and address of each person who you want us to notify of the amendment should we agree to make the amendment you request. You must provide us with a signed authorization for us to notify these persons. We can supply you with the appropriate authorization form.

_____	_____
_____	_____
_____	_____

**INDIVIDUAL'S SIGNATURE.**

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

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**YOU ARE ENTITLED TO A COPY OF THIS REQUEST.**

**SOUTH LYON MEDICAL CENTER**

**MEDICAL RECORDS**

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**SUBJECT: AMENDMENT REQUEST PROCESSING**

**POLICY NO:**

**PAGE NO: 1 of 2**

**EFFECTIVE:**

**REVISED:**

**APPROVED:**

**CROSS: HIPPA**

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**SOUTH LYON MEDICAL CENTER  
AMENDMENT REQUEST PROCESSING**

**SECTION A: Notice to amend record—to be completed by Privacy Officer**

On \_\_\_/\_\_\_/\_\_\_, we received notice from the following covered entity to amend records (attach the notice):

The records to be amended are: \_\_\_\_\_

On \_\_\_/\_\_\_/\_\_\_, the Privacy Officer notified the following departments to amend their designated records in accordance with the amendment notice received from the covered entity:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION B: Individual amendment request.**

We must respond to an individual's amendment request within 60 days.

Date amendment request received: \_\_\_/\_\_\_/\_\_\_      Date transmitted to Privacy Officer: \_\_\_/\_\_\_/\_\_\_

**Extension of response date:**

We may take one 30 day extension of our response date by notifying the requester within the original 60 day response period of the reason for the extension and the date on which we will provide our response.

Extension notice sent on: \_\_\_/\_\_\_/\_\_\_      Response date promised in extension notice: \_\_\_/\_\_\_/\_\_\_

Reason given for extension: \_\_\_\_\_

**SOUTH LYON MEDICAL CENTER**

**SECTION C: Response to individual amendment request.**

- Amendment denied on \_\_\_/\_\_\_/\_\_\_ by transmittal of Denial of Amendment to Records to the individual.
- Individual requested on \_\_\_/\_\_\_/\_\_\_ that the amendment request and our denial be included in future disclosures of the record. Notify departments listed below to append or link the amendment request and our denial, and any accurate summary of them that the Privacy Officer prepared, to the record for inclusion with future disclosures.
- Individual submitted written disagreement on \_\_\_/\_\_\_/\_\_\_. Attach written disagreement and notify departments listed below to append or link the written disagreement, and any accurate summary of it that the Privacy Officer prepared, to the record for inclusion with future disclosures.
- We prepared rebuttal to individual's written disagreement and sent it to the individual on \_\_\_/\_\_\_/\_\_\_. Attach rebuttal and notify departments and listed below to append or link the rebuttal, and any accurate summary that the Privacy Officer prepared of the individual's written disagreement and the rebuttal, to the record for inclusion with future disclosures.
- Individual lodged a complaint on \_\_\_/\_\_\_/\_\_\_. See Form 32-COMPLAINT for nature of complaint and its disposition.
- Amendment granted on \_\_\_/\_\_\_/\_\_\_ by transmittal of Grant of Amendment to Records to the individual.
- Notify departments, persons the individual designated for notice by authorization, and others who have the records and may rely on them to the individual's detriment as listed below to amend the records.

Departments and others to be notified of the grant or denial of the request to amend:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SIGNATURE.**

I attest that the above information is correct.

Signature: \_\_\_\_\_

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

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

**SOUTH LYON MEDICAL CENTER  
NOTIFICATION TO AMEND RECORDS**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: **SOUTH LYON MEDICAL CENTER  
PRIVACY OFFICER**

On \_\_\_/\_\_\_/\_\_\_, we granted a request from the individual below or received notice from the covered entity below to amend the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We believe you may have these records in your designated records. If so, please promptly amend the records. Please contact me should you have questions about the amendment.

Sincerely,  
**SOUTH LYON MEDICAL CENTER**

\_\_\_\_\_  
Privacy Officer

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

**Individual requesting or covered entity issuing notice to amend record:**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**SOUTH LYON MEDICAL CENTER  
GRANT OF AMENDMENT TO RECORDS**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Dear** \_\_\_\_\_ :

We are granting the request to amend your records that we received from you on \_\_\_\_/\_\_\_\_/\_\_\_\_. We have amended our designated records to reflect the amendment, and have notified others as appropriate of the amendment. We have also notified the persons you designated and for whom you provided a signed authorization of the amendment.

If you have questions, have others you want notified of the amendment or wish further information, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,  
**SOUTH LYON MEDICAL CENTER**

By: \_\_\_\_\_  
Privacy Officer

**SOUTH LYON MEDICAL CENTER  
DENIAL OF AMENDMENT TO RECORDS**

**Date:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

We are denying the request to amend your records that we received from you on \_\_\_\_/\_\_\_\_/\_\_\_\_. The reason(s) we have determined that your request should be denied are:

- We do not have the records you wish to amend in our records.
- We did not create the records you wish to amend and we have no basis to believe that the person or entity that did create the records is no longer available to amend them.
- We believe the records you wish to amend are complete and accurate.
- The records you asked to amend are not subject to your right to amend because they have been compiled in anticipation of a civil, criminal or administrative action or proceeding, or are covered by the Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. § 263a).

Your options:

You may submit a written statement disagreeing with our decision. If you do, we will append or link your statement to the records you wanted amended (if we have those records ) for inclusion in future disclosures of those records. We may prepare and send you a rebuttal to your statement and, if we do, we will append or link our rebuttal to those same records for inclusion in future disclosures of those records. In the alternative, we may substitute an accurate summary of your written statement and our rebuttal with future disclosures of those records.

Instead of submitting a written statement of disagreement, you may ask that your request to amend those records and this denial be appended or linked to those records to be included with future disclosures. We may substitute an accurate summary of your request and this denial with future disclosures.

You may file a complaint about our denial of your amendment request with us or with the Secretary of the United States Department of Health and Human Services.

If you have questions, wish to discuss the denial, file a complaint or review your options, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,  
**SOUTH LYON MEDICAL CENTER**

By: \_\_\_\_\_  
Privacy Officer

**SOUTH LYON MEDICAL CENTER  
NOTIFICATION OF RECORD AMENDMENT DENIAL**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: South Lyon Medical Center  
Privacy Officer

On \_\_\_/\_\_\_/\_\_\_, we denied a request from the individual below to amend the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The individual's request to amend these records and our denial are attached. The individual submitted a written statement disagreeing with our denial. We prepared a rebuttal. Both are attached. Also attached is an accurate summary of the individual's request, our denial, the individual's written statement and our rebuttal.

Please append or link these materials to these records so they may be included as appropriate in future disclosures of these records.

Please contact me should you have questions.

\_\_\_\_\_  
Privacy Officer

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

**Individual Requesting Record Amendment:**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_