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 facility:

❒ Cobb Hospital ❒ Paulding Hospital ❒ Medical Group: _____ *(name of practice)*
❒ Douglas Hospital ❒ Windy Hill Hospital ❒ Hospice
❒ Kennestone Hospital ❒ Homecare ❒ Other: _____

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 (☑) 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* _____

*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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