

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

_____ (or) _____
Print Name Print Name of Legal Guardian/Authorized Personal Representative

_____ (or) _____
Signature of Patient 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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