Southwestern District Health Unit

227 16th Street West
Dickinson, ND 58601-4675
Phone (701)483-0171 or 1-800-697-3145 Fax (701) 483-4097

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

1. Client name: _____
2. Client birth date: _____
3. Client address: _____
4. Describe the information you want amended (e.g. lab test results, physician notes)_____
5. Date(s) of information to be amended (e.g. date of office visit, treatment, or other healthcare services)_____
   _____
6. What is your reason for making this request? _____
   _____
7. How is the entry incorrect, incomplete, or outdated? _____
   _____
8. What should the entry say to be more accurate or complete? _____
   _____
9. Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan, or other healthcare provider)? ___Yes ___No
   If yes, please specify the name(s) and address (es) of the organization(s) or individuals(s). _____
   _____

_____ _____
Signature of Client or Legal Representative Date

FOR SOUTHWESTERN DISTRICT HEALTH UNIT USE ONLY

Amendment has been: _____Accepted _____Denied

If denied, check the reason for denial:
__Personal Health Information was not created by this organization.
__Personal Health Information is not part of the designated record set.
__Federal law forbids making Personal Health Information in question available for patient inspection.
__Personal Health Information is accurate and complete.

Staff Comments: _____
_____

Signature of staff person: _____ Date _____

Department Head Signature: _____ Date_____

Executive Officer Signature: _____Date_____

Effective 4/2003; Updated 6/2016