



FORM B

REQUEST TO AMEND
PROTECTED HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____ SSN: XXX-XX- _____

Address where you want the amendment response sent:

NOTICE TO PATIENT: Your request to amend protected health information (such as health records, name, address, and social security number), in any form **only** applies to the information maintained by the Alabama Department of Public Health (hereinafter "ADPH"). If you would like to request amendments to your protected health information created and maintained by any other health care provider, a separate request must be submitted to that provider.

REQUESTED AMENDMENT:

I request that ADPH amend (describe the information you would like amended):

I request the amendment described above to be made to the protected health information in my designated record set (medical record) maintained or created by ADPH.

Date of record or information you would like to amend: _____

I would like this information amended because (state specific reason for request):

FOR AMENDMENTS: I am attaching proof that my record should be amended because it is false, inaccurate or incomplete. **PLEASE NOTE: No form will be considered unless you provide sufficient proof that the record that you intend to be amended is false, inaccurate, or incomplete.** [An example of an appropriate attachment would be your birth certificate to prove that the date of birth in your file is wrong]

[Signature/Title, if legal representative*]

Date

*May be requested to submit evidence of representative status.

REQUEST APPROVED:

If ADPH approves your request to amend your record, and we need to notify other persons or entities of the amendment to your protected health information, please complete the attached **FORM E** and return it to us.

REQUEST DENIED:

By: _____
Signature Title Date

Reason for Denial:

- o The information was not created by ADPH.
- o The information is not part of your Designated Record Set.
- o The information is not available for your inspection pursuant to the ADPH's policy regarding individual access because _____
- o The information is accurate and complete.

If your request for an amendment to your protected health information is denied, you may submit a written statement of your disagreement with the denial. Send the statement of disagreement to:

Privacy Officer
Alabama Department of Public Health
201 Monroe Street, Suite 1540
Montgomery, AL 36104
(334) 206-9324

After submitting your disagreement in writing, you will be given an opportunity for a hearing on why your request was denied. You will receive sufficient notice of the time and place that the hearing will be held.

*****Retain for minimum of 6 years*****