



# Request for Amendment of or Addition to Protected Health Information

Contact Person: HIPAA Privacy Officer, HNI (as an Affiliated Covered Entity)

Contact Phone, Email and Fax: phone - (512) 730-3060 ext. 281, email - [compliance@hnihc.com](mailto:compliance@hnihc.com), fax - (737) 273-8520

As required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. We will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted, you will have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

Patient Name:

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Relationship to Patient:

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Patient Date of Birth: \_\_\_\_\_

Patient Address:

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Patient Phone Number: \_\_\_\_\_

### Items to be amended

Date of entry to be amended: \_\_\_\_\_ Type of entry to be amended: \_\_\_\_\_

Please explain how the entry is incorrect or incomplete. What revisions would you like to be made to the entry? (Please use additional paper if necessary):

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Would you like us to notify anyone else regarding the amendment? Please provide the name and address:

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

Signature of Patient or

Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If we agree to change your information, we will communicate the changed information to persons or entities that you have designated above. We will also communicate the changed information to any other persons or entities that we know have received the information before it was amended. If we are not able to act on this request in 60 days, we will notify you of the reasons for the delay.

