## **REQUEST FOR AMENDMENT/CORRECTION OF PROTECTED HEALTH INFORMATION**

## New River Family Wellness, PLLC 420 East Second Street, West Jefferson, NC 28694

		Reque	est Date:			
Name: Street Address:		Birth I				
City/State/Zip:			ccount #:			
WHAT NEEDS TO BE AMENDED/CORRECTED & WHY						
Entry to be amend						
Date & Author of						
Please explain ho	w the information is incorrect or	incomplete. V	What should the information state to be more			
accurate or compl	ete?					
If this amendment	accepted, would you like this ar	nendment sen	nt to anyone to whom we may have disclosed			
this information in the past? If so, please specify the name and address of the organization or individual.						
Names & Address	es:					
I understand that t	he provider may or may not ame	end the medica	al record with an amendment based on my			
		I understand that the provider may or may not amend the medical record with an amendment based on my request, and under no circumstances is the provider permitted to alter the original medical record. In any event,				
this request for an amendment will be made part of my permanent medical record.						
this request for an						
this request for an						
	amendment will be made part of	f my permane	ent medical record.			
	amendment will be made part of nt or Patient's Legal Representat	f my permane	Date			
Signature of Patie	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG	f my permane tive ANIZATION	Date N/INTERNAL USE ONLY			
Signature of Patie Date received:	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG	f my permane tive ANIZATION	Date			
Signature of Patie	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG	f my permane tive ANIZATION	Date N/INTERNAL USE ONLY			
Signature of Patie Date received: If denied, check re	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG	f my permane tive ANIZATION	Date N/INTERNAL USE ONLY			
Signature of Patie Date received: If denied, check re PHI was n PHI is not	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for	f my permane tive ANIZATION epted	Date N/INTERNAL USE ONLY Denied			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for as permitted by federal law (e.g.	f my permane tive ANIZATION epted	Date   N/INTERNAL USE ONLY   □   Denied   PHI is not part of designated record set			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for	f my permane tive ANIZATION epted	Date   N/INTERNAL USE ONLY   □   Denied   PHI is not part of designated record set			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for as permitted by federal law (e.g.	f my permane tive ANIZATION epted	Date   N/INTERNAL USE ONLY   □   Denied   PHI is not part of designated record set			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for as permitted by federal law (e.g.	f my permane tive ANIZATION epted	Date   N/INTERNAL USE ONLY   □   Denied   PHI is not part of designated record set			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother Comments:	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for as permitted by federal law (e.g. capy notes)	f my permane tive ANIZATION epted	Date   N/INTERNAL USE ONLY   □   Denied   PHI is not part of designated record set PHI is accurate and complete			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother Comments: Individual v	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for as permitted by federal law (e.g. apy notes) was informed of denial in writing	f my permane tive ANIZATION epted	r)			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother Comments: Individual v Individual v	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG a Acce eason for denial: ot created by this organization available to the individual for as permitted by federal law (e.g. rapy notes) was informed of denial in writing vidual's Statement of Disagreem	f my permane tive ANIZATION epted ,, g (attach letter nent received (	r) (attach) $\square$ Yes $\square$ No			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother Comments: Individual v Individual v	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG asson for denial: ot created by this organization available to the individual for as permitted by federal law (e.g. apy notes) was informed of denial in writing	f my permane tive ANIZATION epted ,, g (attach letter nent received (	r) (attach) $\square$ Yes $\square$ No			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother Comments: Individual v Individual v	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG a Acce eason for denial: ot created by this organization available to the individual for as permitted by federal law (e.g. rapy notes) was informed of denial in writing vidual's Statement of Disagreem	f my permane tive ANIZATION epted ,, g (attach letter nent received (	r) (attach) $\square$ Yes $\square$ No			
Signature of Patie Date received: If denied, check re PHI was n PHI is not inspection psychother Comments: Individual v Individual v	amendment will be made part of nt or Patient's Legal Representat FOR HEALTHCARE ORG a Acce eason for denial: ot created by this organization available to the individual for as permitted by federal law (e.g. capy notes) was informed of denial in writing vidual's Statement of Disagreement er of "Statement of Disagreement	f my permane tive ANIZATION epted ,, g (attach letter nent received (	r) (attach) $\square$ Yes $\square$ No			