2170 South Avenue
South Lake Tahoe
CA 96150
530.541.3420 TEL
bartonhealth.org

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Date (MM/DD/YYYY): _____

Patient Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Protected Health Information Change Request

Please tell us what protected health information you want changed, why you want it changed and give specific details to your request.

Provider who documented the information: _____

Documentation dates of service (MM/DD/YYYY): _____

Type of report or documentation you want amended. Please be specific to the wording and/or phrases that you are requesting to be amended: _____

_____

_____

_____

Please provide the information as to why you want this changed. You must give a reason:

_____

_____

_____

_____

Barton is required to provide a response to your request within 60 days from the date of this request, as to whether your request has been approved and we will amend the records, or if the request is denied and we will not amend the records, or if we require more time (up to 30 days from the date of this request) to determine the outcome.

Please provide us with the address you would like the response to be sent:

Mailing Address: _____
City: _____ State: ____ Zip: _____

If your request is approved and records are amended, we can send the amended records to anyone who received a copy of the health records prior to the amendment. Do you agree to this and want us to resend the amended records to prior requestors?

☐ No, Initials: _____ ☐ Yes, Initials: _____

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We do not have to change your protected health information if:

1. You did not include a reason to support your request.
2. The information was reviewed and deemed to be accurate and complete, to the knowledge of the provider who documented the information.
3. We did not create the information you want changed, or the originator of the information is no longer available to make the requested amendments.
4. The information you want changed is not information that is part of the designated record set.

Privacy Rights

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.BartonHealth.org, at Health Information Management, Barton Memorial Hospital Admitting, or by sending a written request to:

Barton HealthCare System:
Attn: Health Information Management – Privacy Notice Request
2170 South Ave.
P.O. Box 9578
South Lake Tahoe, CA 96158

To File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services.

Barton HealthCare System
Attn: Privacy Officer
2170 South Ave.
P.O. Box 9578
South Lake Tahoe, CA 96158
530.543.5975

Department of Health and Human Services
www.HHS.gov for more information

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Patient, Guardian, or Responsible Party Signature: _____

Printed Name: _____Relationship: _____

Date Signed (MM/DD/YYYY): _____ Time: _____