

Marietta OB-Gyn AFFILIATES, P.A.

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Street Address

City, State and Zip

Type of Entry to be amended: _____

☐ Visit Note

☐ Nurse note

☐ Hospital note

☐ Prescription information

☐ Patient history

Please explain how the entry is inaccurate or incomplete.

Please specify what the entry should say to be more accurate or complete.

Signature of Patient or Legal Guardian

Date

Amendment has been: ☐ Accepted
 ☐ Denied
 ☐ Denied in part, Accepted in part

If denied (in whole or in part)*, check reason(s) for denial:

- ☐ PHI was not created by this organization
- ☐ PHI is not available to the patient for inspection in accordance with the law.
- ☐ PHI is not a part of patient's designated record set.
- ☐ PHI is accurate and complete.

Comments from healthcare provider who provided service:

Name of Staff Member Completing Form: _____

Title: _____

Signature of Healthcare Provider Who Provided Service

Date

*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, **Attn: Marilyn Smolinski or Gregg A. Bauer, M.D., 625 Church Street, Marietta, Georgia 30060**. If you do not provide us with a statement of disagreement, you may request we provide your original request for amendment and our denial with any future disclosures of the protected health information which is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Officer **Marilyn Smolinski or Gregg A. Bauer, MD at 625 Church Street, Marietta, Georgia 30060** or the Secretary of the U.S. Department of Health and Human Services.