

Request for Amendment of Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

I feel the documentation in my medical record is inaccurate or incomplete for the following date(s) of service: _____

The following information appears to be inaccurate or incomplete:

The amended entry should state the following:

I understand:

- The original information in my medical record cannot be removed or changed; but a comment, statement, or clarifying note can be added to the record.
- MHS may or may not grant my request for amendment.
- This request for amendment will be made part of the medical record and will be released in response to any authorized requests for my medical records.

Signature of Patient or Legal Representative: _____ Date: _____

Authorized Individual Relationship to Patient: _____

MULTICARE USE ONLY:

Date Received: _____

Patient Identification - Write in or attach patient label

Name:

MRN #:

CSN #:

Age / Sex and Gender:

**REQUEST PROTECTED HEALTH
INFORMATION**

MultiCare 



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Request for Amendment of Protected Health Information – Patient Information Sheet

Patients have the right to request an amendment to their medical record under federal law. Meaning, if you feel that something in your medical records is inaccurate, or information is missing from your medical record, you may request that information be added to fix or complete your medical record. Below is helpful information regarding the amendment process at MultiCare Health System (MHS).

The MHS Request for Amendment Process:

1. You will be asked to submit your request for amendment in writing. Please be as specific as possible.
2. Return your request to the address below, or to any MHS Health Information Management Department location.
3. MHS will review your request with the appropriate providers or caregivers.
4. Per state law, you will receive a written response within 10 days. In certain circumstances we may need an extension up to 21 days. We will notify you in writing if an extension is needed.

If your request for amendment is approved, MHS will notify you in writing. Your amended records will be included in any future disclosures. We will also notify any relevant individuals and/or entities with which the amendment will need to be shared.

Your request for amendment may be denied for the following reasons:

- The information contained in your medical record is accurate and complete.
- The medical records are maintained by provider or entity other than MHS.
- The information you have requested to be amended is not available for inspection by law.

If your request for amendment is denied, MHS will notify you in writing. Your amendment request and denial will be included in any future disclosures. If you disagree with the denial of your amendment request:

- You may submit a one-page statement disagreeing with the denial. This statement may be no more than 500 words and will be included in any future disclosures. You have 30 days to submit a statement of disagreement.
- Request that we include your request for and denial of the amendment in any relevant future medical record releases.
- You may file a complaint with MultiCare Health System Privacy Office by phone at 253-459-8300 or by email at compliance@@multicare.org
- You may also file a complaint with the Department of Health and Human Services – Office for Civil Rights by phone (800) 368-1019 or online at www.hhs.gov/ocr.

Please submit your amendment request:

By mail: MultiCare Health System
Attn: Health Information Department
P.O. Box 5299
Tacoma, WA 98405

Electronically: Medrecamendments@multicare.org

In person: Any MHS HIM Department location. For more information, visit: www.multicare.org/medical-records/