Cedars Sinai

HEALTH INFORMATION DEPARTMENT
REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Date: _____

Name: _____

Date of birth: _____

What protected health information do you want amended?

_____

_____

_____

_____

Why do you want this amended? You must give a reason:

_____

_____

_____

_____

The request will be processed within 60 days. We will inform you if your protected health information was modified as you requested or if we need additional time (up to 30 extra days).

Where to mail correspondence:

_____

_____

_____

_____

Your phone number if we need to call you: _____

If we decide to modify the health information as you requested, we will send the modification to any person who received the information before it was modified. Are there are any such people who need the modified information?

- ❑ No. Initials: _____
- ❑ Yes. Please list their names and addresses:

_____ _____

_____ _____

_____ _____

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(continued)

We will also send the amendment to people we know received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm).
Do you agree to this?

- ❑ No. Initials: _____
- ❑ Yes. Initials: _____

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

1. We did not create the information, unless the person who created the information is unavailable to act on your request to amend it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain:

_____

_____

2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want modified.
4. The protected health information you want amended is not part of the designated record set. This includes your medical records, billing and records containing your protected health information that are used by us to make decisions about you.

For more information about this form and its contents, please contact the Health Information Manager at 310-248-6674.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at **cedars-sinai.org**, contact the Cedars-Sinai Privacy Manager at 323-866-7877, or send a written request to Privacy Manager, Cedars-Sinai, 8700 Beverly Blvd., Los Angeles, CA 90048.

If you believe your privacy rights have been violated, you may file a complaint with the medical center or with the Secretary of the Department of Health and Human Services. To file a complaint with the medical center, contact the Privacy Manager at 323-866-7877. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

_____
Signature of patient or representative

_____
If representative, state relationship to patient

When you have finished filling out this form, please send it to:

Cedars-Sinai
Health Information Department
8700 Beverly Blvd., Suite 2901
Los Angeles, CA 90048
Attn: Release of Information