

# Request for Amendment of Health Information

Neurology Associates, Inc.  
1034 S. Brentwood Blvd., Ste 754  
St. Louis, MO 63117  
ph: (314) 725-2010 fax: (314) 725-0709

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Phone Number

\_\_\_\_\_  
Patient Birthdate

\_\_\_\_\_  
Patient SSN

Date of entry to be amended: \_\_\_\_\_

Type of entry to be amended: \_\_\_\_\_  
(progress note, procedure note, test result, etc)

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?  
You may continue your explanation on the back of this page, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will make a reasonable effort to identify those people who have previously received the information subject to your requested amendment. However, if you would like this amendment to be sent to someone in particular, you may specify the name and address of the organization or individual. Should we accept your request for amendment, we will notify those persons whom you identify on this form. You may attach a list of additional names if needed.

\_\_\_\_\_  
Name of Individual or Organization

\_\_\_\_\_  
Address

I understand that Neurology Associates must determine if the amendment is allowed according to the regulations of the Health Insurance Portability and Accountability Act (HIPAA). I will be notified of the decision within 60 days, as allowed by law. If the amendment is allowed, it will be maintained as part of my medical record for as long as Neurology Associates holds the record. I understand that the office may make a written response to my amendment which will also become a part of my medical record, and that I will be notified of any such response in writing within 60 days of its being made.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

-----**FOR OFFICE USE ONLY**-----  
Date received: \_\_\_\_\_ Amendment has been (*circle one*): Accepted Denied

If denied, check reason for denial:

- PHI was not created by this organization
- PHI is not available to the patient for inspection, as required by federal law (e.g., psychotherapy notes)
- PHI is not part of patient's designated record set
- PHI is accurate and complete as determined by a Health Care Practitioner

Comments of Healthcare Practitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Healthcare Practitioner

\_\_\_\_\_  
Signature of Privacy Officer

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_