



Request for Amendment of Protected Health Information Form

Client Name:		Date of Birth:	
Phone:		SSN:	
Address:			Apt/Ste/Lot #
City:		State:	Zip Code:
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 records cannot be removed or changed; but a comment, statement, or clarifying note can be added to the record.
- Healthy Life Choices, GA 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 Client or Legal Representative: _____ **Date:** _____

For Healthy Life Choices, GA Use ONLY		Date Received:	CID:
If denied, check reason for denial:		Amendment has been: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
<input type="checkbox"/> PHI was not created by HLCGA	<input type="checkbox"/> PHI is not part of client's designated record set	<input type="checkbox"/> PHI is accurate and complete	
<input type="checkbox"/> PHI is not available to the client as required by federal law			
Comments of Healthcare Provider (if applicable)			
Signature of Healthcare Provider		Title	Date
Denial Reviewed by			Date



Request for Amendment of Protected Health Information Form Client Information Sheet

Clients 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 your medical record. Below is helpful information regarding the amendment process at Healthy Life Choices, GA (HLCGA).

The HLCGA 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.
3. HLCGA will review your request with our clinical team.
4. You will receive a written response within 60 days from receipt of your request.

If your request for amendment is approved, HLCGA will notify you in writing. Your amended records will be included in any future disclosures. We will also notify relevant individuals and/or entities with which the amendment will 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 HLCGA.
- The information you have requested to be amended is not available for inspection by law.

If your request for amendment is denied, HLCGA 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 the Healthy Life Choices, GA in writing at 910 N Hairston Rd. Stone Mountain, GA 30083 or by email to medrecords@healthylifechoicesga.com

Please submit your amendment request to:

Healthy Life Choices, GA
ATTN: Medical Records Department
910 N Hairston Rd. Stone Mountain,
GA 30083 404.835.2565

Or In person at any Healthy Life Choices, GA .