PARKLAND HEALTH & HOSPITAL SYSTEM
Dallas, Texas

HIPAA MEDICAL RECORD AMENDMENT REQUEST

PCA183

Place Demographic Label Here
If label not available, please complete manually.

MRN: _____ Name (Last, First): _____

DOB: _____ Race: _____

HAR: _____ Sex: _____

CSN: _____ Location: _____

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) grants individuals the right to request an amendment to their protected health information if they feel their health record contains information that is factually incorrect or incomplete. I am exercising my right under HIPAA to request that the health information of the patient named above be amended as described below. I understand that Parkland is not obligated to agree to my request and that my amendment request may or may not be approved. The request will not be processed if it does not include a reason to support the request. I will receive a response no later than 60 days from the receipt of the request unless I am notified in writing that an extension of up to 30 days is needed.

INFORMATION TO BE AMENDED:

Identify date(s) of the information to be changed/amended: _____

Describe what information should be changed/amended/added. Be specific.

_____

_____

_____

State the reason(s) that supports your request. Copies of supporting documentation may be furnished, if applicable.

_____

_____

_____

Specify the name and address of the person or organization that this amendment, if accepted, should be sent to:

Name of Person/Organization	Name of Person/Organization
Address	Address
City, State, Zip Code	City, State, Zip Code

Patient Signature	Patient Printed Name	Date	Time
Legal Representative Signature	Legal Representative Printed Name	Date	Time

If representative, specify relationship to patient

Interpreter Signature (if applicable)	Interpreter Printed Name	ID #	Date	Time

Please send completed form and supporting documents to:

Parkland Health & Hospital System
Attn: Parkland Health Information Management (Medical Records)
5151 Maple Avenue, Suite 05-1164
Dallas, TX 75235
214-590-5470
214-590-2845 Fax