

o be Amended: try say to be more accurate or complete?
try say to be more accurate or complete?
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osed the information in the past? If so, please
Time

Note to Requestor: This statement needs to be filed with the facility of origin. Sarah Bush Lincoln Health Center (SBL) requests will be facilitated by Medical Record Management and/or Patient Representative. Physician clinic requests will be handled by the area Directors and can be filed in the main office at the Medical Record Management Department at the hospital or physician's office. Home Health and Hospice requests will be handled by the Director. Fayette County Hospital District (FCHD) requests will be facilitated by Health Information Management. SBL or FCHD applicable staff will reply to your request no later than 60 days after receipt of the amendment. Provided SBL or FCHD gives the individual a written statement of the reason for the delay, and the date by which the amendment will be processed, SBL or FCHD may have a one-time extension of up to 30 days for an amendment request.

Effective Date: 4/14/03

Revision Date: 7/31/19, 3/31/22

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For SBL / FCHD Use Only:					
Date Received: Amendme	ent has been:	Accepted	Denied		
If denied, check reason for:					
☐ Protected health information was not created by the	nis organization				
☐ Protected health information is not part of patient's designated record set					
☐ Protected health information is not available to the	patient for insp	ection as require	d by federal law		
[example: psychotherapy notes]					
☐ Protected health information is accurate and comp	olete				
Comments of Medical Staff:					
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	11.000			·	
Name of Staff Member	Title				
			_		
Signature of Healthcare Practitioner	Date	Time			

Note to Requestor: The patient or legal representative has the right to submit a written statement disagreeing with the denial. This statement needs to be filed with the facility of origin and designated representatives. The patient or legal representative may contact the SBL Patient Representative at (217) 258-2491 or the FCHD Chief Compliance Officer at (618) 283-5444. If the patient or legal representative does not submit a statement of disagreement, he/she may request that SBL or FCHD provide the patient's request for amendment and the denial with any future disclosures of protected health information. The patient or legal representative may further review their case with Health and Human Services.

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