

Request for Amendment of Protected Health Information

MHS patients have the right to request that we amend their protected health information if they believe their personal medical records are incorrect or incomplete. The amendment may be requested for as long as the information is kept by or for an MHS facility.

To request an amendment during treatment, the request may be made to the provider who created the record. To request an amendment after treatment, this form must be completed and submitted to the MHS privacy officer listed below. Medical records will be amended only through the addition of information which correctly states the time and date the information is added. Existing records will not be removed, destroyed, or altered in a way that makes the original entry unreadable.

MHS may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, MHS may deny your request if you ask us to amend information that:

- Was not created by MHS, unless the person or entity that created the information is no longer available to make the amendment:
- Is not part of the medical information kept by or for the hospital.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Name of MHS facility where the amendment is requested: _____

Provide name of the document in need of amendment: _____
(i.e. ER notes, Discharge Summary) _____

Detailed explanation of amendment requested: _____

Patient Name (Print) _____ Patient Date of Birth _____

Patient Signature _____ Date _____ Time _____ Telephone Number _____

Patient Address

This section to be completed by Hospital

Disposition of Request: Approved _____ Denied _____

Comment by Hospital: _____

Authorized Signature _____ Date _____

Please complete the top section of this form and send it to:

ATTN: Legal Department
Privacy Office
3111 STIRLING ROAD
HOLLYWOOD, FL 33312
(954) 265-1165
MHSPRIVACY@mhs.net



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OF PROTECTED HEALTH
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