

Request For Correct/Amendment of Protected Health Information

Patient Name: _____ Date of Birth: ____ / ____ / ____

Patient Record Number: _____

Patient Address: _____

Date of Entry To Be Corrected/Amended: ____ / ____ / ____

Information To Be Corrected/Amended: _____

Please explain how the entry is Incorrect or Incomplete. What should the entry say to be more accurate or complete?

_____ (Use additional sheets if needed & attach to this form)

If you agree, Gastroenterology of the Rockies will make a reasonable effort to provide the amendment to other persons who Gastroenterology of the Rockies knows received the Information in the past and who may have relied, or are likely to rely, on such Information in a manner that may be detrimental to your health care.

☐ I agree to allow HIS to release any amended Information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past? Yes ☐ No ☐

If yes, please specify the name and address of the organization(s) or individual(s).

Signature of **patient** or personal Representative: (If personal representative, state relationship to parent)

_____ Date: ____ / ____ / ____

Signature of **witness**: (If signature of witness is a mark)

_____ Date: ____ / ____ / ____

For Gastroenterology of the Rockies Use Only

Date Received: ____ / ____ / ____

Amendment Has Been: **Accepted** ☐ **Denied** ☐

If Denied, Check Reason

For Denial:

- ☐ PHI is not part of the patient's designated record set
- ☐ Record is not available to the patient for inspection under Federal law
- ☐ Gastroenterology of the Rockies did not create record
- ☐ Record is accurate and complete



Gastroenterology of the Rockies

382 S Arthur Ave Louisville, CO 80027

Ph: **303-604-5000**

Fx: 720-890-0364



**DENVER WEST
ENDOSCOPY CENTER**

13952 Denver West Pkwy #100
Lakewood, CO 80401
Ph: 303-604-5000



**Endoscopy Center
of the Rockies**

1755 48th St., #100 Boulder, CO 80301
1000 W. South Boulder Rd., #200 Lafayette, CO 80026
1551 Professional Ln., #290 Longmont, CO 80501



**NORTHGLENN
ENDOSCOPY CENTER**

11900 Grant St #360
Northglenn, CO 80233
Ph: 303-604-5000

Request For Correct/Amendment of Protected Health Information (cont.)

Comments of Healthcare Provider (If applicable): _____

Signature of Healthcare Provider (If applicable): _____

Title: _____ Date: ____/____/____

Signature of CEO or Designee: _____

Title: _____ Date: ____/____/____

Request for Correction/Amendment of Protected Health Information (PHI)

1. Print legibly in all fields using dark permanent ink.
2. Sign and date the request.
3. Submit the completed and signed form to the Chief Executive Officer (CEO) or designee.
4. You will receive a photocopy of your completed form, as an acknowledgment of receipt of your request, no later than 10 business days after Gastroenterology of the Rockies receives your request.
5. You will be notified of the acceptance or denial of your request.
6. If you agree to allow Gastroenterology of the Rockies to release any amended information and if your request to amend is accepted:
 - a. If you are a U.S. citizen or alien lawfully admitted for permanent residence, Gastroenterology of the Rockies is required by law to notify any previous recipient of the record in question of the corrective action taken, if Gastroenterology of the Rockies made an accounting of such disclosure.
 - b. Regardless of your citizenship status, Gastroenterology of the Rockies will make reasonable efforts to send any amended or corrected information to anyone who Gastroenterology of the Rockies knows received this information in the past and who may have relied, or is likely to rely, on such information to your detriment.
 - c. Gastroenterology of the Rockies will make reasonable efforts to send the correction or amendment to those individuals or entities/organizations you identify and who have a need for the correction or amendment.
7. If you are not a U.S. citizen or alien lawfully admitted for permanent residence, and your request is denied, you may do the following:
 - a. Submit to the Chief Executive Officer a one page written statement disagreeing with the denial and the basis of such disagreement.
 - b. If you do not submit a statement of disagreement, you will request that Gastroenterology of the Rockies provide this request for correction or amendment (or summary) and the denial with any future disclosures.
 - c. Gastroenterology of the Rockies has the right to prepare a written rebuttal to any statement of disagreement. You will be provided a copy of any rebuttal statement. Any written rebuttal prepared by Gastroenterology of the Rockies is not subject to correction or amendment.



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Request For Correct/Amendment of Protected Health Information (cont.)

8. If you are a U.S citizen or alien lawfully admitted for permanent residence, and your request is denied, you may do the following:
 - a. Appeal the refusal to correct or amend the requested information to the Director of Clinical Application.
 - b. In the event your appeal is ultimately denied, or if you elect not to appeal, you may submit a statement of disagreement or request as described in 7(a) and 7(b) above.
 - c. Gastroenterology of the Rockies has the right to prepare a written rebuttal to any statement of disagreement. You will be provided a copy of any rebuttal statement. Any written rebuttal prepared by Gastroenterology of the Rockies is not subject to correction or amendment.
 - d. In addition, if your appeal is denied, you may seek judicial review of the decision.
9. If you have a complaint about Gastroenterology of the Rockies policies and procedures regarding health information, you may file such a complaint with the Chief Executive Officer; Department of Health and Human Services, Office for Civil Rights; or with the Secretary, Department of Health and Human Service, Washington, DC 20201.
10. This form and subsequent information pertaining to this request will become part of your permanent health record.



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