Request For Correct/Amendment of Protected Health Information

Patient Name:			Date	of Birth:	/	/
Patient Record Number:						
Patient Address:						
Date of Entry To Be Corrected/Amend	ded:/	_/				
Information To Be Corrected/Amende						
Please explain how the entry is Incorre	ect or Incomplete.	What should the entry	say to l	be more accu	rate or c	omplete?
		(Use	additiona	I sheets if neede	d & attach	to this form)
If you agree, Gastroenterology of the persons who Gastroenterology of the relied, or are likely to rely, on such Inf	Rockies knows reformation in a ma	eceived the Information eceived that may be detr	on in the imenta	e past and wh I to your hea	no may h Ith care.	nave
Would you like this amendment sent If yes, please specify the name and ac	•			n the past?	Yes 🗆	No 🗆
Signature of patient or personal Repr						
				Date:	/	/
Signature of witness: (If signature of witne	ess is a mark)			Date:	,	,
For Gas	stroenterolog	y of the Rockies U			/	/
Date Received://		Amendment Has B	Been:	Accepted [Den	nied 🗆
If Denied, Check Reason For Denial:	Record is not ava	f the patient's designa ailable to the patient f y of the Rockies did no te and complete	or inspe	ection under	Federal	law



382 S Arthur Ave Louisville, CO 80027 Fx: 720-890-0364







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:	/	/	

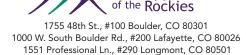
Request for Correction/Amendment of Protected Health Information (PHI)

- 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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Endoscopy Center



Ph: **303-604-5000**

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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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