SAN LUIS OBISPO COUNTY HEALTH AGENCY REQUEST TO AMEND PROTECTED HEALTH INFORMATION

A PHOTOCOPY/FACSIMILE CAN BE USED AS AN ORIGINAL

CLIENT (PATIENT) INFORMATION: NAME: AKA: SOC. SEC. #: DATE OF BIRTH: We do not have to change your protected health information if: 1. We determine the information is accurate and complete. You do not have the legal right to access the protected health information you want changed. The protected health information you want changed is not part of the designated record set. This includes your medical records, billing records, and records containing your protected health information that are used by us to make decisions about you. We did not create the information, unless the person who created the information is unavailable to act on your request to change it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain: Please tell us what protected health information you want changed: Please tell us why you want this change. You must give a reason: We must tell you within 60 days if we will change your protected health information as you requested, or tell you that we need more time (up to 30 extra days) to decide. We will contact you at the address and phone number you have listed below. If we decide to change the health information as you requested, we will send the change to any person who received the information before it was changed. Tell us if there are any such persons who need the changed information: ___. Please list the persons' names and addresses: ☐ Yes. Initials: We will also send the amendment to other persons that received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm). Do you agree to this? ☐ No. Initials: . Please list the persons' names and addresses: Yes. Initials: For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at http://www.slocounty.ca.gov/health/County_of_SLO_Health_Information_Privacy.htm The "Notice of Privacy Practices" is available at all HCA facilities. You may also contact the SLO County HIPAA Coordinator at (805) 781-4788. If you believe your privacy rights have been violated, you may file a complaint with the SLO County Health Agency or with the Secretary of the Department of Health and Human Services. To file a complaint with SLO County Health Agency, contact the HIPAA Privacy Officer at (805) 781-4788 or visit our website. All complaints must be submitted in writing. You will not be penalized for filing a complaint. **TODAY'S DATE:** SIGNATURE: PRINTED NAME: RELATIONSHIP: Choose One: ☐ Client(Patient) ☐ Parent ☐ Guardian ☐ Representative ☐ Conservator ☐ Other: _ **TELEPHONE #** ADDRESS: State Street Address Please return the completed form for processing to your health care provider or the Compliance Officer at: 2180 Johnson Avenue, San Luis Obispo, CA. 93401; Phone (805) 781-4788; Fax (805) 835-9312.

(REV 01-15) Distribution: Original - Releaser of Records Copy - Client Chart Copy - Client (Patient)