University of Vermont Health

Health Information Management

Request for Correction/Amendment of Protected Health Information

Patient Name:		Date of Birth:	
Medical Record Number:			
Patient Address:			
Patient Phone Number:			
Date of Entry to be amended:		Type of entry to be amended:	

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? *(Please attach additional documentation if necessary)*

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

Name	Address

Signature of Patient or Legal Representative	Date

For UVMMC Use Only:

Date Received _____ Amendment has been: ☐ Accepted ☐ Denied

If denied, check reason for denial:

_____ PHI is not available to the patient for inspection as required by federal law, i.e., psychotherapy notes

_____ PHI was not created by UVMMC

_____ PHI is not part of patient's designated record set

_____ PHI is accurate and complete

Comments of Healthcare Practitioner: _____

_____ Name of Healthcare Practitioner and/or Admin Staff

_____ Title

_____ Signature of Healthcare Practitioner and/or Admin Staff

_____ Date/Time

Return completed form to Health Information Management, 111 Colchester Avenue, Mailstop 357HC1, Burlington, VT 05401 or fax to 802-847-0436