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|  |  **Protected Health Information (PHI) Amendment** |
| NAME | DATE OF BIRTH | CLIENT ID NUMBER | OTHER ID NUMBER |
| MAILING ADDRESS |
| TELEPHONE NUMBER (INCLUDE AREA CODE) | E-MAIL ADDRESS |
| Please fill out and return to DSHS Staff |
| DATE OF RECORD TO BE AMENDED | TYPE OF AMENDMENT[ ]  Addition [ ]  Deletion [ ]  Substitution to the record |
| Please explain what the information in your records should say to be more accurate or complete. If you need additional space, please include a separate page. |
| **DSHS will review your request and respond within 30 business days. A copy of your request will be added to your record.** |
| List any organization or individuals to be notified if a change is made to your record: |
| SIGNATURE OF CLIENT OR PERSONAL REPRESENTATIVE | DATE |
| For DSHS Use ONLY |
| DATE RECEIVED | AMENDMENT HAS BEEN:[ ]  Accepted [ ]  Denied[ ]  The review of this request for amendment has been delayed. Your request will be processed by the following date  (not later than 60 business days after the request is received by DSHS). |
| REASON FOR DENIAL[ ]  PHI is not part of the client record.[ ]  PHI was not created by this organization.[ ]  PHI is accurate and complete.[ ]  PHI is not available to the client for inspection as required by federal law (e.g., psychotherapy notes).[ ]  Other:  |
| NAME AND TITLE OF STAFF MEMBER | DATE |