



Name: _____ Today's Date: _____

Date of Birth: _____

I want my response sent to the below address, and you may call me at the below phone number:

Address: _____ Phone: _____

Please tell us what protected health information you want changed (include date(s) of service that apply): _____

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.

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: No. Initial _____

Yes. Please list the persons' names and addresses:

We will also send the amendment to other persons that we know 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. Initial _____ Yes. Initial _____

We do not have to change your protected health information if:

1. 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: _____

2. The information is accurate and complete.

3. You do not have the legal right to access the protected health information you want to changed.

4. The protected health information you want changed is not part of the designated record set.

Signature of patient or representative: _____

If representative, give relationship: _____ Date: _____ Time: _____



When you have finished filing out this form, please send it to Pacific Hospital of Long Beach, Attn: Correspondence – Health Information Management department, 2776 Pacific Avenue, Long Beach, CA 90806, or bring it to the Health Information Management department at Pacific Hospital of Long Beach. (Will not accept fax or copy of this form.)

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at www.phlb.org or visit our Admissions Department at Pacific Hospital of Long Beach or by sending a written request to Pacific Hospital of Long Beach, Attn: Admissions Department, 2776 Pacific Avenue, Long Beach, CA 90806.



REQUEST TO AMEND
PROTECTED HEALTH
INFORMATION