



EASTERN SLOPE COUNSELING & CONSULTING

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

You have the right to request Eastern Slope Counseling & Consulting (ESCC) to make corrections or amendments to the protected health information (PHI) we retain on your behalf if you believe something in that information is in error or needs to be amended. I am not always required to make the corrections or amendments you request but each request will be carefully reviewed and corrections or amendments made if warranted. You will be notified when your request has been approved or denied, unless you have either not signed this form or have not provided a reason for the requested correction or change.

PATIENT NAME: _____ DATE OF BIRTH: _____ SSN: _____

Date of entry to be corrected/amended: _____

Information to be corrected/amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? *Use additional sheets if needed and attach to this form.* _____

If you agree, ESCC will make a reasonable effort to provide the amendment to other persons who I know have received the information in the past and who may have relied, or are likely to rely, on such information in a manner that may be detrimental to your health.

☐ I agree to allow ESCC to release any amended information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past? ☐ Yes ☐ No

If yes, please specify the name and address of the organization(s) or individual(s): _____

Client Name (Printed)

Signature of Client/Authorized Representative
(If representative, specify relationship to client.)

Signature of ESCC Representative

Date: _____

Instructions for Completing Amendment Request Form

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 ESCC Privacy Officer at:
Eastern Slope Counseling & Consulting
12126 State Highway 14 North, Ste. E
Cedar Crest, NM 87008
4. You will be notified of the acceptance or denial of your request within 60 days of its receipt.
5. If your amendment has been accepted and you have authorized ESCC to release any amended information, we will make reasonable efforts to send any amended or corrected information to the parties you have noted on the form.
6. If your request for amendment is denied you may appeal the refusal to the Privacy Officer.
7. In the event your appeal is ultimately denied, or if you elect not to appeal, you may submit a statement of disagreement, which will be maintained in your medical record.
8. ESCC 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 ESCC is not subject to correction or amendment.
9. If your appeal is denied, you may seek judicial review of the decision.
10. If you have a complaint about ESCC's policies and procedures regarding health information, you may file such a complaint with ESCC's Privacy Officer; the NM Department of Human Services, the U.S. HHS Office for Civil Rights; or with the Secretary, Department of Health and Human Services, Washington, DC 20201.
11. This form and subsequent information pertaining to this request will become a part of your permanent record.

For ESCC Use Only

Date Received: _____

Amendment has been ☐ Accepted ☐ Denied

If Denied, check reason for denial

☐ PHI is not part of the patient's designated record set

☐ ESCC did not create the record

☐ Record is accurate and complete

☐ Record is not available to the patient for inspection under Federal law

Comments: _____

Name of Privacy Officer (Printed)

Signature of Privacy Officer

Date: _____