

SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

REQUEST FOR AMENDMENT TO HEALTH INFORMATION

You have the right to request that we amend your protected health information if it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Health Service System within a designated record set.

To request an amendment, you must make your request in writing by filling out this form and submitting it to Marina Coleridge, Privacy Officer, City & County of San Francisco, Health Service System, 1145 Market Street, 3rd Floor, San Francisco, CA 94103. You must be prepared to provide a reason to support your request for an amendment.

We may deny your request for an amendment, if the request does not include a reason to support your request for an amendment. Furthermore, we may deny your request for an amendment if you request that we amend protected health information that: (1) was not created by us, unless the person or covered entity that created the protected health information is no longer available to make the amendment; (2) is not part of the health information kept by or for within the designated record set; (3) is not part of the information which you would be permitted to inspect and copy by law; or (4) is accurate and complete.

Please explain exactly how the entry you want to amend is incorrect or incomplete. How can we make the current entry more accurate or complete? Please be very specific. Use a separate sheet of paper, if necessary.

If we grant your request, would you like this Amendment forwarded to anyone to whom we may have disclosed your information in the past? If so, please list names and addresses:

_____ NAME	_____ ADDRESS
_____ NAME	_____ ADDRESS

In addition to forwarding this Amendment to those whom you have listed above, we may also disclose this updated information, as necessary, to those who have the dated information and could otherwise rely upon it to your detriment.

_____ PRINT YOUR NAME	_____ SOCIAL SECURITY NUMBER	_____ BIRTH DATE
_____ SIGNATURE	_____ DATE	

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

REQUEST FOR AMENDMENT TO HEALTH INFORMATION

For further information, please contact or consult:
Marina Coleridge, Privacy Officer
City & County of San Francisco
Health Service System
1145 Market Street, 3rd Floor
San Francisco, CA 94103

See our Notice of Privacy Practices available online at myhss.org. A printed copy is also available upon request from the Health Service System.

For HSS Use Only:

Date received: _____ Accepted Denied

If denied, check reason for denial:

- PHI was not created by the Health Service System
- PHI is accurate and complete
- PHI is not part of HSS member's designated record set
- PHI is not available for HSS member's inspection as required by federal law (e.g. psychotherapy notes)

Date and method of informing individual of decision: _____

If denied, did individual submit a Statement of Disagreement?

- Yes No

If denied, did individual request a disclosure of Request and Denial with future disclosures?

- Yes No

Advised TPA of decision on amendment request: _____

Comments: _____

Staff Member Signature

Date