



Request for Amendment/Correction of Protected Health Information (PHI)

Mail Completed Form To: Avance Care, Attn: Privacy Officer, 4705 University Drive, Bldg 700, Durham, NC 27707

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Date(s) of entry to be amended:

Provider/Author(s) of entry:

Please explain the reason/justification for how the information is incorrect or incomplete. How should this be stated to be more accurate or complete? (if requesting more than one amendment or correction, please number each request and related information):

If this amendment is accepted, would you like this amendment sent to anyone to whom we may have shared this information in the past? If so, please specify the names & addresses, fax, or secure email of the individual or organizations:

I understand that the provider may or may not amend the health information with an amendment based on my request. In any event, this request for an amendment will be made part of my permanent record. I understand that I will receive a response to my above request within 60 days or I will receive a request for an additional 30-day extension.

If signed by a person other than the patient, proof of legal authority is required.

Patient Signature

Date

Legal Representative Signature

Relationship to Patient

Date

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FREQUENTLY ASKED QUESTIONS

What is a medical record amendment?

An amendment is a formal request to correct or add information to your medical record if you believe it is inaccurate or incomplete.

Do I have the right to request an amendment?

Yes. Under HIPAA, you have the right to request an amendment to your designated medical record maintained by a healthcare provider if you believe the information is inaccurate or incomplete.

How do I submit a request?

Complete the Request for Amendment/Correction of Protected Health Information (PHI) form and provide:

- A clear description of the information you believe is incorrect or incomplete.
- The reason for your request.
- Any supporting documentation, if available.

What happens after I submit my request?

We will review your request and respond within 60 days. If we need more time, we may extend the review period by up to 30 additional days and will notify you in writing.

Can my request be denied?

Yes. While you have the right to request an amendment to your record, we are not required to accept it. We will carefully review your submission, but may decline to make the amendment. Your request may be denied if:

- The information was not created by our organization.
- The information is accurate and complete.
- The record is not part of your designated medical record at Avance Care.
- The information is not subject to amendment under applicable law.

What if my request is denied?

If your request is denied:

- You will receive a written explanation.
- You may submit a written statement of disagreement, which will be added to your medical record.
- You may request that your original request and our denial be included in any future disclosures of the disputed information.

Will an amendment change my diagnosis or treatment?

No. An amendment updates the documentation in your record but does not alter clinical decisions already made or treatments already provided.

However, if your amendment is accepted, we **may**:

- Add a clarification to the record to reflect your perspective or correct a misunderstanding.
- Update the record to include newly discovered or previously omitted information.
- Note a correction to factual details (e.g., dates, names, medication lists) that were inaccurate.

Can I request copies of my amended record?

Yes. Once an amendment is accepted, you may request a copy of the updated record through your MyChart or by submitting an Authorization for Release of Medical Records to the Medical Records Department. Please visit www.avancecare.com/medical-records for more information.

Who can I contact with questions?

Please reach out to our Medical Records Department at medicalrecords@avancecare.com or the Privacy Officer at privacyofficer@avancecare.com if you have questions or need help completing the form.