**REQUEST FOR CORRECTION/AMENDMENT OF**

**PROTECTED HEALTH INFORMATION**

|  |  |  |
| --- | --- | --- |
| PATIENT NAME | DATE OF BIRTH | MRN |

PATIENT ADDRESS

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, The HIIM Services and the provider(s) of the Health & Wellness Department of the Pueblo of San Felipe will make a reasonable effort to provide the amendment to other persons who they know 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 care.

I agree to allow the HIIM Services and the provider(s) of the Health & Wellness Department of the Pueblo of San Felipe 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? If yes, please specify the name and address of the organization(s) or individual(s).

|  |
| --- |
| NAME OF FACILITY/PERSON/ORGANIZATION |
| ADDRESS |
| CITY/STATE |

 YES

|  |  |
| --- | --- |
| SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE *(If Authorized Representative, state relationship)* | DATE |
| SIGNATURE OF WITNESS *(If signature of patient is a thumbprint or mark)* | DATE |

**FOR HIIM 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

Health & Wellness Department of the Pueblo of San Felipe did not create record

Record is not available to the patient for inspection under Federal, State, Tribal law

Record is accurate and complete

COMMENTS OF HEALTHCARE PROVIDER *(If applicable)*

|  |  |  |
| --- | --- | --- |
| SIGNATURE OF HEALTHCARE PROVIDER *(If applicable)* | TITLE | DATE |
| SIGNATURE OF DEPARTMENT DIRECTOR/PRIVACY OFFICER/DESIGNEE | DATE |

**HIIM Services Statement**

*You will be notified of the acceptance or denial of your request.*

*If you agree to allow IHS to release any amended information and if your request to amend is accepted:*

* *If you are a U.S. citizen or alien lawfully admitted for permanent residence, the Health & Wellness Department of the Pueblo of San Felipe is required by law to notify any previous recipient of the record in question of the corrective action taken, if the HIIM Services and/or the provider(s) of the Health & Wellness Department of the Pueblo of San Felipe made an accounting of such disclosure.*
* *Regardless of your citizenship status, the Health & Wellness Department of the Pueblo of San Felipe will make reasonable efforts to send any amended or corrected information to anyone who we know received this information in the past and who may have relied, or is likely to rely, on such information to your detriment.*
* *The Health & Wellness Department of the Pueblo of San Felipe will make reasonable efforts to send the correction or amendment to those individuals or entities/ organizations you identify and who have a need for the correction or amendment.*

*If you are not a U.S. citizen or alien lawfully admitted for permanent residence, and your request is denied, you may do the following:*

* *Submit to the Tribal Administrator(s), the Director, or the Privacy & Compliance Officer of the Pueblo of San Felipe a one-page written statement disagreeing with the denial and the basis of such disagreement.*
* *If you do not submit a statement of disagreement, you may request that the Health & Wellness Department of the Pueblo of San Felipe provide this request for correction or amendment (or summary) and the denial with any future disclosures.*
* *The Health & Wellness Department of the Pueblo of San Felipe 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 Health & Wellness Department of the Pueblo of San Felipe is not subject to correction or amendment.*

*If you are a U.S. citizen or alien lawfully admitted for permanent residence, and your request is denied, you may do the following:*

* *Appeal the refusal to correct or amend the requested information to the Tribal Administrator(s), the Director, or the Privacy & Compliance Officer of the Pueblo of San Felipe.*
* *In the event your appeal is ultimately denied, or if you elect not to appeal, you may submit a statement of disagreement.*
* *The Health & Wellness Department of the Pueblo of San Felipe 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 the Health & Wellness Department of the San Felipe Pueblo is not subject to correction or amendment.*
* *In addition, if your appeal is denied, you may seek judicial review of the decision.*

*If you have a complaint about the policies and procedures regarding health information, you may file such a complaint with the Tribal Administrator(s), the Director, or the Privacy Officer of the Health & Wellness of the Pueblo of San Felipe. You may also file a complaint directly to the Department of Health and Human Services, Office for Civil Rights; or with the Secretary, Department of Health and Human Services, Washington, DC 20201. This form and subsequent information pertaining to this request will become part of your permanent health record.*

*Public reporting burden for this collection of information is estimated to average 30 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid signature and/or authorization from the patient. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the:*

*Privacy & Compliance Officer*

*Health & Wellness Department*

*3 Cedar Road*

*San Felipe Pueblo, NM 87001*

*Email: inunez@sfpueblo.com*