



REQUEST TO AMEND PROTECTED HEALTH INFORMATION

FIGHT Patients have the right to amend errors or inaccuracies to PHI used to make decisions about them.

In some instances, FIGHT may deny this request. FIGHT will evaluate this request and notify the Patient of our decision within sixty (60) days of this request. If the request is approved, FIGHT will provide the information within sixty (60) days. FIGHT provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 and its regulations (HIPAA).

Patient First and Last Name: _____ DOB: _____

PHI change requested. Please provide dates, diagnosis, treatment, or any other indications of the specific information you desire to change: _____

Identify persons (including address(es) and phone number(s)) who received this PHI (prior to amendment) and who need to be notified of Amendment: _____

PLEASE NOTE, if FIGHT accepts your requested Amendment, by law it must notify those listed above as well as all other person(s) FIGHT knows have the PHI subject to the Amendment and may have relied, or could rely, on such information to his/her/its detriment.

This Request was made by: _____ Printed Name of Patient or Legally Authorized Representative

Signature of patient or patient's Legally Authorized Representative _____ Date _____ (Form MUST be completed before signing.)

Printed name of Patient's Legally Authorized Representative: _____ Description of Legal Authority to act for the Patient: _____

If FIGHT denies your requested amendment/correction, you have the right to submit a written statement disagreeing with the denial and your reason for disagreement. Such a statement may be sent to: Philadelphia FIGHT Privacy Officer, 1233 Locust Street, 5th Fl., Philadelphia PA, 19107. FIGHT may reasonably limit the length of your written statement and may prepare a rebuttal to your written statement of disagreement (and provide you with a copy).

If FIGHT denies your requested amendment/correction and you do not submit a written statement of disagreement as discussed above, you may request that FIGHT include a copy of this document with any future Disclosures of the PHI that is the subject of this request. Please submit any such request to FIGHT at the address listed in the paragraph above to the attention of the Privacy Officer. Please make your request in writing, and sign and date the request.

If you believe FIGHT has failed to meet its obligations as explained in the Notice of Privacy Practices or the legal obligations under state or federal law, you may contact FIGHT's Privacy Officer via phone (215) 985-4448 ext. 223, or via email at privacy@fight.org regarding your complaint or send a written complaint to the same address as a statement of disagreement. You may also file a complaint with Secretary of the U.S. Department of Health and Human Services within 180 days of the date you know or should know of the act that is the subject of your complaint. Your complaint to the Secretary must be filed in writing, either electronically or on paper.

FOR INTERNAL FIGHT USE ONLY

Staff must email this request form to FIGHT's Privacy Officer at privacy@fight.org, within ten (10) days of receipt of request.

This form can be submitted in person at any Philadelphia FIGHT Health Center, via email to privacy@fight.org, via fax 215-732-1145 Attention: Privacy Officer, or via mail Philadelphia FIGHT Privacy Officer, 1233 Locust St. 5th Floor, Philadelphia PA 19107.