



**REQUEST FOR CORRECTION/AMENDMENT  
OF PROTECTED HEALTH INFORMATION (PHI)**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Entry to be amended: Date: \_\_\_\_\_ Type of entry: \_\_\_\_\_

Please explain how the entry is incorrect. What should the entry say to be more accurate or complete?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

Patient \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Personal Representative \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
Signature

Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

**Date Received** \_\_\_\_\_ **Amendment has been:**  Accepted  Denied

**If denied, check reason for denial:**  PHI is not available to the patient for inspection as required by federal law (e.g., psychotherapy notes)

PHI was not created by Mount Sinai (MS)  PHI is not part of patient's designated record set  PHI is accurate and complete

**Comments of Healthcare Practitioner:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Staff Member Title

\_\_\_\_\_  
Signature of Healthcare Practitioner Date

If you disagree with this denial you may submit a statement disagreeing with the denial to the Privacy Officer, The Mount Sinai Hospital, One Gustave L. Levy Place, Box 1619, New York, N. Y. 10029. If you do not submit such a statement you may request that MS include a copy of your request and of MS's denial with any future disclosures of the information that are subject to the amendment requested. Please direct any complaints to the Privacy Officer, at the above address, or call 212-241-4669.

1 - Medical Record

2 - Patient