



## Request to Amend Protected Health Information

**Instructions:** You must complete all of the information on this form. When you have finished filling out this form, please send it to Privacy Officer, Children's Hospital Oakland, 747 52<sup>nd</sup> Street, Oakland, California 94609, or fax it to the attention of the Privacy Officer at 510-658-1923 or bring it to the Health Information Management Department at Children's Hospital & Research Center Oakland.

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

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

Date of Birth: \_\_\_\_\_

Please tell us what protected health information you want changed:

---

---

---

---

---

Please tell us why you want this change. You must give a reason:

---

---

---

---

---

We must tell you within 60 days if we will change your child's protected health information as you requested, or tell you that we need more time (up to 30 extra days) to decide.

Please tell us where to send you a letter, and give a phone number so we can call you:

---

---

---

Phone: \_\_\_\_\_

If we decide to change your child's health information as you requested, we will send the change to any person who received the information before it was changed. Tell us if there are any such persons who need the changed information:

No. Initials: \_\_\_\_\_

Yes. Please list the persons' names and addresses:

_____	_____
_____	_____
_____	_____

We will also send the amendment to other persons that we know received the information before it was amended if they relied, or might in the future rely, on the information to your child's detriment (harm). Do you agree to this?

No. Initials: \_\_\_\_\_

Yes. Initials: \_\_\_\_\_

We do not have to change your child's protected health information if:

1. We did not create the information, unless the person who created the information is unavailable to act on your request to change it (for example, the doctor who originally created the information has died).
2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want changed.
4. The protected health information you want changed is not part of the designated record set. The designated record set includes your child's medical records, billing records and records containing your child's protected health information that are used by us to make decisions about your child.

For more information about your child's privacy rights, see the "CHRCO Notice of Privacy Practices" on our website at [www.childrenshospitaloakland.com](http://www.childrenshospitaloakland.com) or at the Medical Record Department at Children's Hospital Oakland or by sending a written request to Medical Record Department, 747 52<sup>nd</sup> Street, Oakland, CA 94609.

If you believe your child's privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer, 747 52<sup>nd</sup> Street, Oakland, California 94609. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Signature of patient or representative: \_\_\_\_\_

If representative, give relationship: \_\_\_\_\_