

Tuscola County Health Department (TCHD)
Request to make Amendments to Protected Health Information

Individual's Name: _____

Birth date: _____

Social Security #: _____

Client Address: _____

Date of request for this review: _____

I hereby request to make the following amendments to my Protected Health Information:

(Please describe the part or parts you would like amended and how you think they should be amended)

My reason for the request is:

(Attach additional pages if necessary)

Signature of Individual or Personal Representative

Relationship to Individual

Date

Tuscola County Health Department (TCHD)
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For Tuscola County Health Department Use Only:

Date Received: _____

30-day extension requested:

Amendments Accepted

All some none

Explanation of denial of Amendment:

The basis for the denial is:

- The PHI in question was not created by the TCHD and the originator of the PHI is available to act on the request.
- The PHI is not part of the designated record.
- The information is judged to be accurate and complete by our Medical Director

Date of Denial

(Attach additional pages if necessary)

Name of Staff Member

Title

Signature of Healthcare Practitioner

Date

Tuscola County Health Department (TCHD)

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If you disagree with the basis for the denial you may complete the Client's Statement of Disagreement with a Denial of Amendment of PHI and return it to:

Tuscola County Health Department
1309 Cleaver Rd., Suite B
Caro, MI 48723-9160

If you do not submit the aforementioned statement of disagreement, you may request that the TCHD provide your request for amendment and the denial with any future disclosure of the PHI that is subject of the amendment. This request may be made by completing the Request for Amendment of Documentation to future PHI Release.

If you wish to file a complaint regarding this denial, you may contact the TCHD Privacy Officer at (989) 673-8114 ext. 115 or the Nursing Administrator at ext. 117. You may also contact the Secretary of the Department of Health and Human Services.