

Patient's Name: _____
Last First MI Previous Name if Any

DOB: _____ Date of Service: _____

Telephone: _____
Home Work

Address: _____
Street City State Zip

Explanation of information to be amended, including whether amendment applies to all records or one record in particular: _____

Explanation of why information should be amended: _____

I acknowledge that I have received a copy of Summit Healthcare Association's ("SHA") Notice of Privacy Practices and understand that although I may request that records be amended, SHA may determine not to make the amendment. By accepting this request, SHA agrees to review the request and determine whether or not it will amend the records. I understand that SHA has 60 days in which to act on this request and may request a 30 day extension provided I am notified of the extension within the original 60 day timeframe. In the event SHA denies this request, I understand that I will be informed in writing of the reason for the denial and opportunity to submit a statement of disagreement and/or lodge a complaint related to the SHA's decision.

Signature of Patient/Guardian/Representative

Date Signed

If Guardian/Representative-State Relationship to Patient

FOR INTERNAL USE ONLY

Name of Authorized Individual: _____ Position: _____

Initial whichever is applicable:

- Having read the above request, the request is hereby granted: _____
- Having read the above request, the request is hereby denied: _____

Signature of Authorized Individual

Date Signed

SHA Provider Name: _____

Patient/Requestor's Name: _____

Address _____

Date: _____

Dear _____:

You previously requested that certain protected health information created by us in the course of providing you with health care services be amended. This letter is to notify you that your request has been denied based on the reason marked below.

- Information to be amended was not created by SHA and there is no reason to believe the originator is not available to amend the information.
- Information to be amended is not part of the SHA designated record set.
- Information to be amended is information to which you may be denied access.
- Information to be amended has been found by SHA to be accurate and complete.

You have the right to submit a written statement of disagreement explaining why your request should have been granted. Your statement should be sent to my attention at the above address. This written statement of disagreement will be kept in your medical record and a copy of your statement, along with your original request and our denial, will accompany any future disclosures of the records at issue. If you do not submit a statement of disagreement, we will only send your original request and our denial with any future disclosures. All such requests should be sent to my attention at the address stated above. In the event you submit a written statement of disagreement, you may receive a rebuttal statement if we determine such a statement is appropriate.

Please do not hesitate to contact our Privacy Officer at (928) 537-6556 if you would like to lodge a complaint about this denial. You may also lodge a complaint with the Office for Civil Rights pursuant to 45 CFR 160.306, at: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

Signature of Authorized Individual

Date Signed

525 (04/21)

DENIAL OF AMENDMENT

Request for Amendment of Information in Medical Record Granted

This letter is to notify you that your physician or provider at Summit Healthcare Association has granted your request to amend your medical record.

Name _____

Medical Record _____

Account # _____

Date of Service(s) _____

Please contact me to advise of any relevant persons whom have received your protected health information with whom this amendment should be shared. If you would like us to share this information with those you identify, we will need your permission to do so. If you have further questions or concerns, please contact me at 928-537-6326 and I will be happy to assist you.

Sincerely,

Alexandria Orndoff
Director of Health Information Management (HIM)

525 (04/21)

AMENDMENT GRANTED