California State University
SAN MARCOS

Student Health & Counseling Services California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4915 **Fax:** 760.750.3181 shcs@csusm.edu www.csusm.edu/shcs

Instructions for Completing the Request for Amendment of Protected Health Information Form

1. Patients or Legal Guardians have the right to request an amendment to their protected health information created by Student Health & Counseling Services at any time while the organization maintains the information. All requests for amendment to their protected health information must be submitted in writing.

2. Please complete the Request for Amendment of Protected Health Information Form on the next page. Include what you feel the information should say to be more accurate or complete in 250 words or less. Include the name of the document that needs to be corrected/amended. (For example; Provider Notes, Physical Report, Letters, or Diagnoses.) If you have a copy of the document, please submit it with the Request for Amendment of Protected Health Information Form and circle or highlight the information that you feel is inaccurate or incomplete.

3. Return the completed Request for Amendment of Protected Health Information Form and supporting documentation to the attention of Health Information Technician at Student Health & Counseling Services.

4. Student Health & Counseling Services will provide notification of agreement or denial of the patient's request no later than 60 days after receipt. A 30-day extension may be obtained if needed.

5. If the request for amendment is approved, the amendment will be added to the medical record.

6. If the request for the amendment is denied, the Patient or Legal Guardian has the right to resubmit a written rebuttal statement.

The California State University
Bakersfield | Channel Islands | Chico | Dominguez Hills | East Bay | Fresno | Fullerton | Humboldt | Long Beach | Los Angeles | Maritime Academy
Monterey Bay | Northridge | Pomona | Sacramento | San Bernardino | San Diego | San Francisco | San Jose | San Luis Obispo | San Marcos | Sonoma | Stanislaus

California State University
SAN MARCOS

Student Health & Counseling Services California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4915 **Fax:** 760.750.3181 shcs@csusm.edu www.csusm.edu/shcs

Request for Amendment of Protected Health Information Form

Patient Name: _____ **Date of birth:**_____

Student ID Number: _____

Address: _____

Phone number: _____ **Email:**_____

Date of Entry to be Amended: _____

Document Name: _____

Explain how the information entered on your medical record is incorrect or incomplete. Include what you feel the information should say to be more accurate or complete in 250 words or less.

Signature of Patient or Legal Representative **Date**

FOR SHCS USE ONLY:

Date Amendment Request received:_____
Amendment Status: ☐ Accepted ☐ Denied

If Amendment Request is denied, check reason for denial:

- ☐ The Protected Health Information was not created by this organization.
- ☐ The Protected Health Information is not available to the patient for inspection as required by law (e.g., psychotherapy notes).
- ☐ The Protected Health Information is not part of the patient's medical record.
- ☐ The Protected Health Information is accurate and complete.

Name of Staff Member:_____**Title**:_____

Comments of Healthcare Practitioner: (add second page, if additional space is needed)

_____ _____

Signature of Healthcare Practitioner **Date**