

**Department of Social Services  
REQUEST FOR AMENDMENT/CORRECTION OF PROTECTED HEALTH INFORMATION**

Individual Name:		Request Date:	
Street Address:		Birth Date:	
City/State/Zip:		Other Identifier (e.g., DCN)	

**WHAT NEEDS TO BE AMENDED/CORRECTED & WHY**

Entry to be amended:	
Date & Author of entry:	

Please explain how the information is incorrect or incomplete. What should the information state to be more accurate or complete?

Would you like this amendment sent to anyone to whom we may have disclosed this information in the past? If so, please specify the name and address of the organization or individual.

Names & Addresses:

I understand that DSS may or may not amend my health information based on my request, and under no circumstances is DSS permitted to alter my original health record. In any event, this request for an amendment will be made part of my case file. **NOTE: If this request is denied, you may submit a written statement of disagreement to the DSS Privacy Officer, PO Box 1527, Jefferson City MO 65102 for review. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, DC 20201.**

\_\_\_\_\_  
Signature of Individual or Individual's Personal Representative

\_\_\_\_\_  
Date

**FOR DSS USE ONLY**

Date received: _____ Employee Name: _____ Division/County: _____ _____ Employee Signature      Date	<input type="checkbox"/> <b>AMENDMENT IS ACCEPTED</b> If accepted, follow instructions in next block and disregard remainder of form. If amendment also covers different divisions, divisional privacy officer will coordinate	<input type="checkbox"/> Checkmark that a copy of completed form has been provided to individual. Also send a copy to divisional privacy officer. Place original form in individual's case file.
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**DENIAL OF AMENDMENT IS RECOMMENDED.** Checkmark basis for recommendation and forward to divisional privacy officer.

- PHI was not created by this organization
- PHI is not part of individual's designated record set
- PHI is not available to the individual for inspection as permitted by federal law (e.g., psychotherapy notes)
- PHI is accurate and complete

Comments:

**DIVISIONAL PRIVACY OFFICER DETERMINATION**

**Amendment is Accepted.** If accepted, return a copy of completed form to individual and send original to employee to make the amendment and to place in individual's case file. If amendment covers different offices/divisions, refer to DSS privacy officer for coordination.

**Amendment is Denied.** If denied, send a copy of completed form to individual and to DSS privacy officer. Send original to employee to place in individual's case file.

\_\_\_\_\_  
Signature of Divisional Privacy Officer      Division      Date