Department of Social Services REQUEST FOR AMENDMENT/CORRECT	ION OF PROTECTED HEALTH INFORMATI	ON
Individual Name:	Request Date:	
Street Address:	Birth Date:	
City/State/Zip:	Other Identifer	
,	(e.g., DCN)	
WHAT NEEDS TO BE AMENDED/CORRE	CTED & WHY	
Entry to be amended:		
Date & Author of entry:		
Please explain how the information is incorre	ect or incomplete. What should the information	n state to be more accurate or complete?
Would you like this amendment sent to anyoname and address of the organization or inc	one to whom we may have disclosed this inform	mation in the past? If so, please specify the
name and address of the organization of the	iividuai.	
Names & Addresses:		
Lunderstand that DSS may or may not ame	nd my health information based on my request	, and under no circumstances is DSS permitted
		ide part of my case file. NOTE: If this request
		acy 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 Person	nal Representative Date	
Sate		
FOR DSS USE ONLY		
Date received:	□ AMENDMENT IS ACCEPTED	☐ Checkmark that a copy of completed
Employee Name:	If accepted, follow instructions in next	form has been provided to individual. Also
Division/County:	block and disregard remainder of form. If	send a copy to divisional privacy officer. Place
	amendment also covers different divisions,	original form in individual's case file.
Employee Signature Date	divisional privacy officer will coordinate	
	NDED. Checkmark basis for recommendation	
 PHI was not created by th 		 PHI is not part of individual's designated
 PHI is not available to the 		record set
inspection as permitted by	federal law (e.g.,	 PHI is accurate and complete
psychotherapy notes)		
Comments:		
DIVISIONAL DRIVACY OFFICED DETER	MINIATION	
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		
· ·	case file. If amendment covers different office	es/divisions, refer to DSS privacy officer for
coordination.		1 DCC 1 (f) C 1 1 1 1 1 1
	nd a copy of completed form to individual and	to DSS privacy officer. Send original to
employee to place in individual's case fi	ie.	
Signature of Divisional Privacy Officer	Division	Dato
Signature of Divisional Privacy Officer	Division	Date