



Dartmouth
Health

**Request for Amendment of
Protected Health Information (PHI)**

MRN:

NAME:

Two identifiers needed

DOB:

Address: _____

Phone: _____

What is your reason for making this request? _____

Describe the document(s) you want amended. Please include all relevant dates: _____

How do you believe the document should read? _____

Do you know of anyone who may have received or relied upon the information in question (such as your doctor, pharmacist or insurance company)? Yes No

If yes, please specify the name(s) and address(es) of the organization(s) or individual(s): _____

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Legal Authority of Personal Representative

***Please return completed form to:**

**Dartmouth-Hitchcock
Attn: HIS Chart Correction
One Medical Center Drive
Lebanon, NH 03756**

At your request, we will provide a copy of this form.



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FOR INTERNAL USE ONLY

Health Information Services:

- eD-H EMR (electronic medical record) to be reviewed
- Legacy Record to be reviewed (*includes paper chart and/or legacy EMR*)
 - Dartmouth-Hitchcock
 - Cheshire Medical Center
 - Alice Peck Day Memorial Hospital

To be Completed by Originator of Document:

- Request for Amendment is accepted. I have amended the documentation in the medical record as requested.
- Request for Amendment is accepted in part and denied in part.
I have agreed to amend the following: _____

I have denied the request to amend the following (complete next section also): _____

- Request for Amendment is denied in whole or in part. Check the reason for denial:
 - Health information was not created by Dartmouth-Hitchcock.
 - Information not part of the health information the patient is permitted to inspect, pursuant to Federal law, 45 CFR § 164.524.
 - Information is not part of a designated record set maintained by or for Dartmouth-Hitchcock.
 - Information is accurate and complete.

Signature of Originator of Document

Date

Printed Name of Originator of Document