



IMPORTANT INFORMATION REGARDING YOUR REQUEST TO AMMEND YOU HEALTH RECORD INFORMATION

In order to be considered a patient request for amendment, the request must be made in writing to the Privacy Officer and state the patient's reason to support the requested amendment. Harrington shall attempt to respond to the patient's request for amendment within sixty (60) days from receipt of the request but may extend the deadline one time by up to another 30 days if it is unable to act on the requested amendment and the patient is informed in writing of the reasons for the delay and the estimated completion date within the original response time.

Harrington may deny the request for amendment if it determines the PHI and or record in question:

- was not created by Harrington,
- The originator of the PHI is no longer available to act on the requested amendment;
- is not part of the designated record set;
- is not accessible by the Patient under applicable law and Harrington Policies; or
- is accurate and complete.

If Harrington denies the request for amendment, in whole or in part, Harrington shall provide the patient its notice of denial in plain language including the basis for the denial and an explanation of the patient's right to submit no more than a one page written statement disagreeing with the denial, the name and telephone number of the Privacy Officer; and instructions as to how the patient may file a complaint with the Secretary of the Department of Health and Human Services. The notice of denial shall also explain that, if the patient does not submit such a statement of disagreement, the patient may request that the patient's request for amendment and the denial be included with any future disclosures of the PHI that is the subject of the amendment request.

If the patient submits a statement of disagreement, Harrington may elect to prepare a written rebuttal a copy of which must be provided to the patient.

If Harrington accepts the requested amendment, in whole or in part, Harrington shall make the appropriate amendment to the PHI or record that is the subject of the request for amendment by identifying the records in the designated record set that are affected by the amendment and appending or providing a link to the location of the amendment.

In the event of a denial, the amendment request, denial, statement of disagreement, if any, and rebuttal, if any, must be appended or linked to the PHI or record in question. If the Patient files a statement of disagreement, all such material or an accurate summary must be included with any subsequent disclosure of the PHI in question. If the Patient does not file a statement of disagreement but does request that Harrington include the request for amendment and denial all such material or an accurate summary must be included with any subsequent disclosure of the PHI in question.



PATIENT RECORD AMENDMENT REQUEST FORM

Patient Name on Record in Question: _____ D.O.B. ____/____/____

Name of Person Requesting Amendment: _____

If not Patient - Relationship to Patient: _____
(must be accompanied by the patient or have written proof of legal authority as the Patient's
Personal Representative and Picture Identification.)

Requested amendment and reason:

Signature of Patient or Patient's Legal Representative

Date/Time

TO BE COMPLETED BY HARRINGTON HEALTHCARE

Date received : ____/____/____

Received by: _____

MRN: _____

Account #: _____

Provider: _____

Request status

☐ Approved

☐ Denied

- ☐ The record was not created by Harrington
- ☐ The originator of the PHI is no longer available to act on the requested amendment
- ☐ The information is not part of the designated record set
- ☐ The information is not accessible by the Patient under applicable law and Harrington Policies
- ☐ The information has been deemed accurate and complete

Provider Signature: _____ Date: ____/____/____ Time: ____:____