Western Missouri
MEDICAL CENTER

Your Partner for Health.

Request for Correction/Amendment of Health Information

If this request is made by a personal representative on behalf of the individual please attach a complete copy of the legal document indicating your legal authority to sign this form.

Patient Name (Last, First, Middle Initial): Date of Birth:

Street Address: City: State: Zip Code:

Phone Number:

Date of Entry to be amended:

Type of Entry to be amended:

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? (Please utilize back of form or another paper if more space if required.)

X

Signature of Patient Date

For Healthcare Organization Use Only:

Date Received:_____ Amendment has been: Approved Denied

Comments of Healthcare Practitioner and/or Privacy Officer:

X

Signature of Healthcare Practitioner and /or Privacy Officer Date

Please mail or fax the completed form to the address below.

Attention: Privacy Officer

403 Burkarth Road, Warrensburg, Missouri 64093 ▲ **Phone:** (660) 747-2500 ▲ Fax: (660) 747-9483 ▲ www.wmmc.com

WESTERN MISSOURI
MEDICAL CENTER

Correction/Amendment of Health Information what to expect:

It is your right as a patient to **REQUEST** that Western Missouri Medical Center amend the protected health information maintained in the designated record set. WMMC will follow the process outlined below upon receipt of the request:

1. You must make the request in writing and provide a reason to support the requested amendment on the WMMC Amendment Request Form.
2. WMMC has sixty (60) days after receipt of the form to act on the request.
    a. If WMMC is unable to act on the amendment within the time required, we may extend the time for action by no more than 30 days.
        i. A written statement of the reasons for the delay and date by which WMMC will complete its action on the request will be mailed to the address on the amendment form.
3. WMMC can either grant or deny the amendment request in whole or in part.
    a. If the amendment is granted, in whole or in part:
        i. WMMC will make the appropriate amendment to the protected health information or record that is subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
        ii. WMMC will inform the individual that the amendment is accepted in writing.
    b. If the amendment is denied, in whole or in part:
        i. WMMC will provide the individual with a timely, written denial that contains:
            1. The basis for denial

2. The individual's right to submit a written statement disagreeing with the denial and how to file such a statement;
3. A statement that, if the individual does not submit a statement of disagreement WMMC will include the individual's request for amendment and the denial, or an accurate summary of such information, with any future disclosures of protected health information that is subject of the amendment if the individual has requested such action in writing; and
4. A description of how the individual may make a complaint.

ii. The individual may submit to WMMC a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. This statement must be typed or in writing and should be no longer than two (2) pages.

iii. WMMC may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, WMMC will provide a copy to the individual who submitted the statement of disagreement.

4. All amendment requests, statements of disagreement, or request for the amendment and denial to be included in the record in lieu of a statement of disagreement should be mailed to:
   a. Western Missouri Medical Center
      Health Information Management – HIPAA Privacy Officer
      403 Burkarth Rd
      Warrensburg, MO 64093

If you have any questions, please contact the HIPAA Privacy Officer at

660-262-7336.