



REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

You have the right to request that protected health information about you that is maintained by the UNC Adams School of Dentistry, facilities, clinics, practices, departments and other sites of service (hereinafter "Carolina Dentistry") be amended if you believe it is incorrect or incomplete. We will review your request and will act upon your request within 60 days of receipt of the request or we will notify you if more time is required (up to 30 extra days). If your request is not granted, you will have the right to submit a statement of disagreement that will accompany future disclosures of the information by Carolina Dentistry.

PART A: PATIENT INFORMATION

Patient Last Name:	Patient First Name:	Phone#:	Date of Birth:
Address:			
Email Address:	SS# (last 4 digits):	MRN #:	

PART B: REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION (PHI)

You have the right to request Carolina Dentistry amend your PHI. We may decline your request for reasons such as we did not create the information, or the information is complete and accurate. To exercise your right to request amendment, please complete this Section.

I request amendment of the following specific protected health information about me held by Carolina Dentistry: *(please specify the records you wish to have amended)*

I request the information be changed for the following reason(s):

I hereby request that the information identified above be amended as follows *(please specify how the entry should be changed to be correct or more complete)*:

NOTE: We do not have to change your protected health information if:

1. We did not create the information, unless the person who created the information is unavailable to act on your request to change it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain:
2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want changed.
4. The protected health information you want changed is not part of the designated record set. The designated record set includes your medical records, billing records and records containing your protected health information that are used by us to make decisions about you.

PART C: PATIENT SIGNATURE OR PERSONAL REPRESENTATIVE

Patient signature or Personal Representative signature	Date
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If personal representative: (1) print your name, (2) state the legal authority for your status as patient's personal representative, and (3) attach supporting documentation.