



CEDARS-SINAI MEDICAL CENTER

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Date: _____

Name: _____

Date of birth: _____

What protected health information do you want changed:

Why you want this change. You must give a reason:

The request will be processed within 60 days informing you that your protected health information was modified as you requested, or telling you that we need more time (up to 30 extra days) to decide.

Where to mail correspondence:

Give a phone number so we can call you: _____

If we decide to modify the health information as you requested, we will send the modification to any person who received the information before it was modified. Tell us if there are any such persons who need the modified information:

No. Initials: _____

Yes. Please list the person(s) names and addresses:

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We will also send the amendment to other persons that we know received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm). Do you agree to this?

No. Initials: _____

Yes. Initials: _____

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 modified.
4. The protected health information you want changed is not part of the designated record set. This includes your medical records, billing, and records containing your protected health information that are used by us to make decisions about you.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.csmc.edu or contact the Health Information Department, Suite 2901 at Cedars Sinai Medical Center or send a written request to Privacy Manager, 8700 Beverly Boulevard, Los Angeles, California 90048.

If you believe your privacy rights have been violated, you may file a complaint with the Medical Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Medical Center contact the Privacy Manager at 310- 423-6666. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Signature of patient or representative

If representative, (give relationship)

When you have finished filling out this form, please send it to:
Cedars-Sinai Medical Center
Health Information Department
8700 Beverly Blvd. - Suite 2901
Los Angeles, Ca 90048

Attn: Release of Information