REQUEST TO AMEND HEALTH RECORD

As stated in the Notice of Privacy Practices, patients have a right to ask for a correction to their health record. If approved, it will include an addition to clarify or correct information. Neighborhood Health Center (NHC) has a right to deny your request. NHC will respond to requests within 60 days of receipt.

PATIENT INFORMATION

Patient Name: _____ **Date of Birth:** _____

Address:

_____
Street or PO Box

_____
City *State* *Zip Code*

Home Phone: _____ **Work / Cell Phone:** _____

CONTENT TO BE AMENDED

Date of Entry: _____

Language to be Amended: _____

_____

_____

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_____

Correction: _____

_____

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_____

REASON FOR YOUR REQUEST. *Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Attach additional sheets if you need more space to write your response.*

SHARING THIS INFORMATION WITH OTHERS. *Would you like this amendment sent to anyone else who received the information in the past? If so, list contact information below.*			☐ Yes ☐ No
	Name	*Organization / Address*	*Phone Number*
1.			
2.			
3.			

SIGNATURE OF INDIVIDUAL PREPARING THIS FORM

Signature of Requester *Relationship to Patient* *Date*

Mail your request back in the prepaid envelope enclosed or send to:

Neighborhood Health Center
ATTN: Compliance and Risk Management
7320 SW Hunziker Rd, STE 300
Portland, OR 97223

If we deny your request for a correction, you have the right to submit a written statement of disagreement and your reason for disagreement. If you believe we have not followed our Notice of Privacy Practices (NOPP) or state or federal laws, you may contact Risk Management Team at 503-941-3087 or via email at risk@nhcoregon.org. Alternatively, you may file a complaint with the Secretary of the US Department of Health and Human Services within 180 days of known failure to comply with NOPP law/s. Your complaint to the Secretary must be filed by mail or electronically.

Region X Regional Manager
Office of Civil Rights
US Department of Health and Human Services
2201 Sixth Avenue – M/S: RX-11
Seattle, WA 98121-1831

Voice Phone 800-368-1019
FAX 206-615-2297
TDD 800-537-7679
Electronic: ocrmail@hhs.gov