UnityPoint Health
Trinity

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

You have the right to request that UnityPoint Health–Trinity correct or amend personal health information it maintains about you if you believe the information is inaccurate or incomplete. Please complete this entire form to request that UnityPoint Health–Trinity correct or amend your personal health information; however, there are certain circumstances in which your request may be denied. We will notify you, in writing, within 60 days of receiving the completed form of our decision to either accept or deny your request, or notify you that an extension is necessary. Please mail the completed form to: **BETH ANN ERBST, PRIVACY & INFORMATION SECURITY OFFICER, 2701 – 17TH STREET, ROCK ISLAND, ILLINOIS 61201**.

Patient Name: _____ Date of Birth: _____

Current Address: _____ Phone #: _____

Location/Date of Visit to be Amended/Reviewed: _____

1. Explain in detail the information you believe is inaccurate or incomplete; provide as much information as possible about the *date*, *location* and *author* of the entry. Please be as specific as possible and include additional pages, as needed. To assist in reviewing your request, please attach a copy of the record containing the information. _____
   _____
   _____
   _____
   _____
   _____
2. What changes or additions do you believe need to be made to make the information more accurate and complete? Please be as specific as possible and include additional pages, as needed: _____
   _____
   _____
   _____
   _____
   _____
3. If this amendment is granted, would you like this amendment sent to anyone else to whom we have disclosed the information in the past? If so, please specify the name and address of the organization or individual(s).
   Name: _____ Address: _____
   Name: _____ Address: _____

_____ _____
Signature of Patient or Patient's Personal Representative Date

_____
Authority of Personal Representative

WE WILL NOT PROCESS THIS REQUEST UNLESS IT IS SIGNED BY YOU OR YOUR REPRESENTATIVE