



# Request for Amendment of Protected Health Information (PHI) Form

HIM #1413s

<i>Patient's Name</i>		<i>Date of Birth</i>
<i>Patient's Address</i>		
<i>Phone #</i>	<i>Medical Record #</i>	
<b>Please check the box next to the Facility where you'd like your records to be amended:</b>		
<input type="checkbox"/>	UNC Health Care System/UNC Medical Center	<input type="checkbox"/>
<input type="checkbox"/>	Caldwell Memorial Hospital	<input type="checkbox"/>
<input type="checkbox"/>	Chatham Hospital	<input type="checkbox"/>
<input type="checkbox"/>	Rex Healthcare / Rex Hospital	<input type="checkbox"/>
<input type="checkbox"/>	UNC Physicians Network	<input type="checkbox"/>
<input type="checkbox"/>	Johnston Health	<input type="checkbox"/>
<i>Other:</i>		
Type of Entry(ies) or Report(s) to be Amended:		Date(s) of Entry(ies) to be Amended:
Please explain the information that is incorrect or incomplete. Include the information that you feel should be included in order to make the record more accurate or complete ( <i>attach additional sheets as necessary</i> ).		
Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual ( <i>attach additional sheets as necessary</i> ).		
<i>**I understand that this amendment request will become a part of my designated record set. I also understand that this request is subject to the review of a medical provider who will use his/her professional judgment as to whether or not my record should be amended.</i>		
<i>Signature of Patient</i>	<i>Date</i>	<i>Time</i>
<i>OR Signature of Authorized Representative</i>	<i>Date</i>	<i>Time</i>
<i>Printed Name of Authorized Representative</i>	<i>Phone Number of Authorized Representative</i>	
<i>Explain Representative's authority to act on behalf of the Patient:</i>		
<b>UNC HEALTH CARE SYSTEM INTERNAL USE ONLY</b>		
<i>Date Received:</i>	<i>Determination:</i> <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
<i>If denied, check reason for denial:</i> <input type="checkbox"/> PHI was not created by UNCHCS <input type="checkbox"/> PHI is not available for inspection as permitted by HIPAA <input type="checkbox"/> PHI is not part of the patient's designated record set <input type="checkbox"/> PHI is accurate and complete		
<i>Comments:</i>		
<i>Signature/Title of Staff Member</i>		<i>Date:</i>





# Request for Amendment of Protected Health Information (PHI) Form

HIM #1413s

## Additional Amendment Requests (attach additional sheets as necessary)

Patient Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Date of Entry to be amended (must be specific):
Type of Entry to be amended:
Form/Document name:
Other Information:

Date of Entry to be amended (must be specific):
Type of Entry to be amended:
Form/Document name:
Other Information:

Date of Entry to be amended (must be specific):
Type of Entry to be amended:
Form/Document name:
Other Information:





## Request for Amendment of Protected Health Information (PHI) Form

HIM #1413s

Please send your completed Request for Amendment of Protected Health Information (PHI) Form by fax or mail to the entity listed below:	
For:	Send to:
UNC Hospitals	UNC Health Information Management Attn: Release of Information 500 Eastowne Drive, Chapel Hill, NC 27514 (fax) 984-974-0471; (phone) 984-974-3226 Email: <a href="mailto:relmedinfo@unchealth.unc.edu">relmedinfo@unchealth.unc.edu</a>
Rex Healthcare / Rex Hospital	Rex Health Information Management Attn: Release of Information 4420 Lake Boone Trl, Raleigh, NC 27607 1st Floor, Main Hospital (fax) 919-784-3343; (phone) 919-784-3158
Caldwell Memorial Hospital	Caldwell Health Information Management Attn: Release of Information 321 Mulberry St SW, Lenoir, NC 28645 (fax) 828-757-5169; (phone) 828-757-5100
Chatham Hospital	Chatham Hospital Health Information Management Attn: Release of Information 475 Progress Blvd. Siler City, NC 27344 (fax) 919-799-4801; (phone) 919-799-4804
UNC Physicians Network	Return directly to UNC Physicians Network Clinic
Johnston Health	Johnston Health, Attn: Health Information Management – Release of Information, PO Box 1376, Smithfield, NC 27577; (fax) 919-934-9266; (phone) 919-938-7705
Margaret R. Pardee Memorial Hospital	Pardee, ATTN: HIM – Release of Information, 800 North Justice Street, Hendersonville, NC 28791 (fax) 828-696-1097; (phone) 828-696-1094
Nash Healthcare System / Nash Hospitals	Nash UNC Health Care, 2460 Curtis Ellis Drive, Health Information Management, Rocky Mount, NC 27804 (fax) 252-962-8291; (phone) 252-962-8130
Lenoir Memorial Hospital	UNC Lenoir Health Care, ATTN: Health Information Services-ROI 100 Airport Rd, PO Box 1678, Kinston, NC 28503-1678 (fax) 252-522-7099 (phone) 252-522-7185
Wayne UNC Health Care	Wayne UNC Health Care, Health Information Management 2700 Wayne Memorial Drive, Goldsboro, NC 27534 (fax) 919-587-2975; (phone) 919-731-6117
UNC Rockingham Health Care / Rockingham Hospital	UNC Rockingham Health Care, ATTN: Health Information Management Department 117 E Kings Hwy, Eden, NC 27288 (fax) 336-623-6902; (phone) 336-627-6194

