



## Request to Amend Protected Health Information

Patient's Name: (print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Your Telephone Number: \_\_\_\_\_

Please tell us what protected health information you want changed. (You may attach a separate sheet if needed):

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Please tell us why you want this change. By law you must give a reason:

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We must notify you within 60 days if we will amend your protected health information as you requested, or tell you that we need more time, (no more than an additional 30 days) to decide.

Tell us where to send the letter:

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If we agree to amend the health information as you requested, we will send the information to any person know to have received the information before it was changed. Tell us if there are any such persons who need the amended information:

No. Initials: \_\_\_\_\_

Yes. Please list the persons' names and addresses:

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We will 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 possible detriment (harm).

By law, we do not have to amend 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 (for example, the doctor who originally created the information is no longer in practice). If this this exception applies to you, please explain:

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2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want to amend
4. The protected health information you want to amend is not part of the designated record set. This includes your medical records, behavioral health records, billing records, and other records containing your protected health information that are used by us to make decisions in the process of providing healthcare services to you.

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Patient/Legal Representative Signature	Date	Time
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Relationship to Patient

Please send the completed form to: El Camino Hospital  
Health Information Management Department  
2500 Grant Road  
Mountain View, CA 94040

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at: [www.elcaminohospital.org](http://www.elcaminohospital.org)

If you believe we have not complied with federal privacy regulations, you may request further information of file a complaint with El Camino Hospital by sending a letter outlining your concerns to:

Privacy Officer  
El Camino Hospital  
2500 Grant Road  
Mountain View, CA 94039-7025  
Telephone number: 650-940-7300

You may also file a written complaint with the U.S. Department of Health and Human Services. Please contact the Privacy Officer at the address/telephone number above to obtain information about how to file such a complaint.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

