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Amendment of Health Record Request Form – page 1

(For use by UCBC patients requesting amendment of their own health records)

Name:	SSN: XXX-XX-	Date of Birth:
Address:	City/State/Zip:	
Phone:	Date of Request:	

If you are asking to amend the protected health information (PHI) that University Cancer & Blood Center has in its record, please consider the following:

- UCBC cannot amend records that UCBC did not create.
- UCBC will only amend records if they are found to be incomplete or inaccurate.
- If your record is amended we may need to obtain your agreement to share the amendment with other providers who may need this information to provide you services.
- You will need to attach any information you have to support your request.

I am asking for the following amendment to the record of my health information: (Be specific)

Signature: _____

Date Signed: _____

PATIENT/AUTHORIZED REPRESENTATIVE

Name of Authorized Representative: _____

Relationship to Patient: _____

Your Right to Request an Amendment to Information in your Record:

- You have a right to request amendments to your PHI created by UCBC.
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- If you disagree with the answer, you can provide a written statement saying how you'd like your record to be changed. UCBC will keep this statement with your record. UCBC may also write an answer to your statement, which will also be placed in your record. You will receive a copy of this.
- Anytime your record is shared, both your statement and UCBC answer will be included, when relevant.



UCBC
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Amendment of Health Record Request Form – page 2

Name:		MRN:
<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied		
<input type="checkbox"/> Delayed		
If delayed, we will act on your request by the following date:		
Comments: (attach additional sheet if needed)		
UCBC Staff Signature:		Date: