Hartford HealthCare

570011

☐Backus Hospital ☐Charlotte Hungerford ☐Hartford Hospital ☐HHC At Home ☐Midstate Medical Center
☐The Hospital of Central CT ☐Natchaug ☐Rushford ☐Windham Hospital ☐St. Vincent's Medical Center

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

The responsible provider will review your request and may either agree or disagree with your request. If the amendment is agreed to, your original request and the amendment will be made a part of your medical record. If the provider disagrees with your request, the statement of disagreement and your original request will be made a part of your medical record. Any future disclosures will include the amended information and/or your request to amend the information upon your request. *It is unlawful to remove any portion of your medical record. For that reason, any changes made will be in the form of an addendum.* The facility has 60 days to respond to this request unless notification is provided of the need for a thirty-day extension.

Patient Name: _____ Date of Birth: _____ Telephone: _____

Mailing Address: _____

Hartford Healthcare Facility: _____ Physician Office: _____

Date(s) of entry to be amended: _____

List of document(s) to be amended:

_____

_____

Please explain the reasons for your request to amend your medical record and state the corrections below. Please attach copies of documentation and clearly identify areas of concern.

_____

_____

_____

_____

Would you like this amendment sent to anyone to whom we may have released the information in the past? If so, please specify the name and address of the organization or individual.

Name: _____ Address: _____

Signature of Patient or Legal Representative: _____ Date: _____

If not patient, state relationship: _____ (legal documentation required)

Completed forms can be mailed, faxed or delivered in person to the Health Information Management Department. Hospital HIM Departments' addresses and fax numbers are noted on back side. This request can also be emailed at Amendments@hhchealth.org.

Physician Response:

□ Agreed. Please see addendum to the medical record dated _____.

□ Denied. The request is denied for the following reason(s):

_____

_____

Provider Signature / Title: _____ Date: _____ Time: _____

HIM Office Use Only: MR#: _____ Date of Service: _____ Completed on: _____

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Request to Amend Protected Health Information can be sent to:

□ Backus Health Information Management, 326 Washington Street, Norwich, CT 06360
Fax# 860.892.2723

□ Charlotte Health Information Management, 540 Litchfield Street, Torrington, CT 06790
Fax# 860.496.6633

□ HH Health Information Management, 80 Seymour St, Bliss 139, Hartford, CT 06102
Fax# 860.545.6764 or 545.6446

□ HHC @ Home, 181 Patricia M. Genova Dr., Curtiss Building, HIM Dept. 3rd FL, Newington, CT 06111
Fax# 860.246.8734

□ HOCC Health Information Management, 100 Grand Street, New Britain, CT 06050
Fax# 860.224.5920

□ MidState Health Information Management, 435 Lewis Street, Meriden, CT 06451
Fax# 203.694.7605

□ Natchaug Health Information Management, 189 Storrs Road, Mansfield Center, CT 06250
Fax #860.456.1381

□ Rushford Health Information Management, 1250 Silver Street, Middletown, CT 06457
Fax#860.346.9038

□ St. Vincent's Medical Center – Behavioral Health Information Management,
2800 Main St. Bridgeport, CT 06606 Fax#203.576.5314

□ Windham Health Information Management, 112 Mansfield Avenue, Willimantic, CT 06226
Fax# 860.456.6885