



Return completed form to:

White's Pediatrics
ATTN: Chief Compliance Officer
1575 Chattanooga Ave. Suite 1
Dalton, GA 30720
Fax: 706-876-2168

REQUEST TO AMEND MY PROTECTED HEALTH INFORMATION

I, _____, request a change to my record(s) for my visit to White's Pediatrics on the following date(s) of service: _____.

I request the following change to be made: _____

I request the change because: _____

Patient Information

Patient Name: _____

Signature: _____ Date: _____

Address: _____

Phone: _____

Date of Birth: _____

This form must be attached to the patient's medical record.



If you are NOT the patient, but are signing on behalf of the patient, please complete the information below

I, _____, am the (check which applies):
(print your name)

- Parent with Parental Rights (*not sufficient for substance abuse records*)
- Court Appointed Guardian
- Legally Appointed Healthcare Agent (*not sufficient for substance abuse records*)
- Medical Power of Attorney (*not sufficient for substance abuse records*)
- Power of Attorney with Right to See Medical Records (*not sufficient for substance abuse records*)
- Court Appointed Personal Representative of Deceased

Representative's Signature: _____ Date: _____

Address: _____ Phone: _____

You MUST attach proof of your authority to act on behalf of the patient as checked above (other than parent).

If you would like the response to be sent to a different address than the one you provided above, please fill in the following:

Patient/Representative Name: _____

Mailing Address: _____

1. I understand that my request will be considered, but may not be granted if White's Pediatrics determines that my protected health information or record that is subject to this request:
 - a. Was not created by White's Pediatrics, unless I provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
 - b. Is not part of my medical or billing record;
 - c. Would not be available for me for inspection under applicable law dealing with access to protected health information; or
 - d. Is accurate and complete.
2. I understand that I will receive a response within 60 days to amend or reject my request.
3. If White's Pediatrics is unable to act on the amendment within 60 days, White's Pediatrics may extend the time to act by no more than 30 days, provided that:
 - a. White's Pediatrics sends me a written reason for the delay and the date by which White's Pediatrics will complete its action on my request; and
 - b. White's Pediatrics may have only one extension of 30 days to act on my request.

This form must be attached to the patient's medical record.