VETERANS MEMORIAL HOSPITAL
Waukon, Iowa 52172
563 568-3411

Veterans Memorial Hospital
City of Waukon, Iowa

Request for Amendment of Protected Health Information

Patient Name_____Birth Date_____

Patient Address_____

Patient Number_____

Date of entry to be amended:_____
Type of entry to be amended:_____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

_____
_____
_____

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 understand that Veterans Memorial Hospital may or may not amend the Protected Health Information based on my request, and the original entry(ies) in the record will not be altered. This request to amend will be made a part of my permanent medical record.

Name:_____

_____ _____
Signature of Patient or Legal Representative Date

FOR HEALTHCARE ORGANIZATIONS ONLY:

Date Received_____ Accepted_____Denied_____
If denied, check reason for denial:
_____PHI is accurate and complete
_____PHI was not created at this organization
_____PHI is not part of patient's designated record set
_____If denied, individual was informed of denial in writing (attach letter of denial)
_____If accepted, individual was informed of acceptance (attach copy of letter of acceptance)

_____ _____
Name of Staff Member Title