



DUKE UNIVERSITY HEALTH SYSTEM

**REQUEST TO AMEND PROTECTED
HEALTH INFORMATION**

If mailing this form, please send to:
Duke University Hospital
Privacy Director
Health Information Management
P.O. Box 3016
Durham, NC 27710

Patient Name: _____
Medical Record Number: _____
Date of Birth: _____
Street Address: _____
City, State, ZIP: _____
Phone Number: _____

Please change the following protected health information:

Date of Entry to be Amended: _____

Specific Document to be Amended: _____

I request that this information be changed for the following reason(s):

Duke University Health System will act upon your request within 60 days of receipt of the request or we will notify you if more time is required (up to 30 extra days) to decide.

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

We do not have to change 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 to change it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain:

2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want changed.
4. The protected health information you want changed is not part of the designated record set. The designated record set includes your medical records, billing records and records containing your protected health information that are used by us to make decisions about you.

Signature of Patient or Representative: _____ Date: _____

If representative, give relationship: _____

DUHS OFFICE ONLY - ID VALIDATION _____

* Several components and sites of Duke University, the Duke University Health System, and the Private Diagnostic Clinic, PLLC maintain separate medical records (e.g., student health, primary care, community PDC practices, etc.) that are not covered by the amendment request. If applicable, please contact those sites regarding amendment requests relevant to those records.