



## Jefferson County Department of Health

### Request for Amendment of Health Information

#### Patient Information

Last Name	First name	Middle Name	Date of Birth
Address		Telephone Number	
Medical Record Number (if known)		Date of Request	

#### ***What Needs Amending and Why***

Please identify what information you are requesting to amend and why. Please provide specific details. Please note some changes require sufficient proof that the information to be changed is false, inaccurate, or incomplete. An example: A birth certificate of other document is required to change birth date. Include any documents that you possess to support the request (such as birth certificate).

If an amendment is granted, would you like the change(s) sent to any person or agency to whom we may have sent health records in the past? Please list the specific names, addresses and telephone numbers if known.

I understand I have the right to request an amendment to clinical, billing, and other records used by JCDH to make health care decisions. I understand I must provide sufficient proof to support an amendment. I understand that JCDH is not required to agree to the amendment requested and I will be notified of the decision. If denied I will be provided a reason for the denial.

\_\_\_\_\_  
Patient/Legal Guardian/Patient Representative Signature\*

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\*You may be required to submit evidence of guardianship/patient representative.

If your request is denied, you may submit a written statement of disagreement to Privacy Officer, Jefferson County Department of Health, 1400 6<sup>th</sup> Avenue South, Birmingham, AL 35233 or email [www.hipaaprivacyofficer@jcdh.org](mailto:www.hipaaprivacyofficer@jcdh.org).

**Office Use (JCDH staff fax form to (205) 930-1305 or deliver to ROI Division)**

Request Received By: \_\_\_\_\_ (signature) Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Request Accepted     Request Denied     Other (see comments)    If denied, reason for denial:

Patient Notification:    Method \_\_\_\_\_ Date \_\_\_\_\_ (attach communication)

If approved, date record amended: \_\_\_\_\_ Amended by: \_\_\_\_\_

Attach documents to support amendment.

Comments: