



Request Amendment to Medical Record

Return completed form to:
Wellfound Behavioral Health Hospital
3402 South 19th Street
Tacoma, WA 98405
Health Information Management
Fax: 253-301-5446

Please fill out all sections of this form.

Patient's Last Name: _____ First Name: _____ MI _____

Patient's address: _____

City: _____ State: _____ Zip: _____

Home/cell phone: _____ Date of birth: _____

Social Security Number: _____ Date(s) of service: _____

Explain how the documentation is incorrect or incomplete. Please write exactly what you think the entry should state to be accurate and complete:

Signature of patient or legal representative* _____ Date _____

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

I, _____, am the (check which applies)

- Court Appointed Guardian
- Legally Appointed Healthcare Agent (not sufficient for substance abuse records)
- Medical Power of Attorney (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).

1. I understand that my request will be considered, but may not be granted if Wellfound Behavioral Health Hospital determines that my protected health information or record that is subject to this request:
 - Was not created by Wellfound Behavioral Health Hospital, 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
 - Is not part of my medical or billing record
 - Would not be available for me for inspection under applicable law dealing with access to protected health information
 - Is accurate and complete.
2. I understand that I will receive a response within 10 days to amend or reject my request.
3. If Wellfound Behavioral Health Hospital is unable to act on the amendment within 10 days, WBHH may extend the time to act by no more than 11 days, provided that:
 - WBHH sends me a written reason for the delay and the date by which WBHH will complete its action on my request; and
 - WBHH may have only one extension of 11 days to act on my request.