



Return completed form to:
 Wellfound Behavioral Health Hospital
 Attn: HIM
 3402 South 19th Street
 Tacoma, WA 98405

Request for Amendment to Medical Record

Patient Name: _____ Date of Birth (DOB): _____

Address: _____

Phone Number: _____

I feel the documentation in my medical record is inaccurate or incomplete for the following Date(s) of Service:

The following information appears to be inaccurate or incomplete:

The amended entry should state the following:

I understand:

- The original information in my medical record cannot be removed or changed; but a comment, statement, or clarifying note can be added to the record.
- Wellfound Behavioral Health Hospital (WBHH) may or may not grant my request for amendment.
- This request for amendment will be made part of my medical record and will be released in response to any authorized requests for my medical records.

Signature (Patient or legal representative): _____ Date: _____

Legal Representative (if signed above):

Print Name: _____ Relationship to Patient: _____

*** You MUST attach proof of your authority to act on behalf of the patient.**

WBHH INTERNAL USE ONLY:

Date Received: _____ Staff Initials: _____ Staff Print Name: _____

Request Amendment to Medical Record:

Patient Information Guide

A patient has the right to request, in writing, that a health care provider correct or amend its record of the patient's health information.

The Request for Amendment Process:

1. You will be asked to submit your request for amendment in writing. Please be as specific as possible.
2. Return your request to WBHH to the address below, in-person, or fax to 253-301-5446.
3. WBHH will review your request with the appropriate members of your care team.
4. Per state law, you will receive a written response within 10 days. In certain circumstances we may need an extension up to 21 days. We will notify you in writing if an extension is needed.

If your request for amendment is approved, WBHH will notify you in writing. Your amended records will be included in any future disclosures. We will also notify any relevant individuals and/or entities with which the amendment will need to be shared.

Your request for amendment may be denied for the following reason:

- The information contained in your medical record is accurate and complete.
- The medical records are maintained by a provider or entity other than WBHH.
- The information you have requested to be amended is not available for inspection by law.

If your request for amendment is denied, WBHH will notify you in writing. Your amendment request and denial will be included in any future disclosures. If you disagree with the denial of your amendment request:

- You may submit a one-page statement disagreeing with the denial. This statement may be no more than 500 words and will be included in any future disclosures. You have 30 days to submit a statement of disagreement.
- Request that we include your request for and denial of the amendment in any relevant future medical record releases.
- You may file a complaint with the WBHH's Patient Advocate at 253-301-5479 or WBHH's Privacy Officer by phone at 253-301-5447.
- You may also file a complaint with the Department of Health and Human Services – Office of Civil Rights by phone at (800) 368-1019 or online at www.hhs.gov/ocr.

Please submit your amendment request to:

Return completed form to:

Wellfound Behavioral Health Hospital

Attn: HIM

3402 South 19th Street

Tacoma, WA 98405