

**County of San Bernardino
Department of Behavioral Health**

Request to Amend Protected Health Information (PHI)

(Return completed form to: MEDICAL RECORDS OFFICE, 850 E. FOOTHILL BLVD, RIALTO, CA 92376)

REQUESTOR

Name:

Mailing address:

Phone: _____

If you are not the consumer, your relationship to the consumer:

***Please furnish a copy of papers of legal appointment, court order or notarized will with
this request if applicable.**

CONSUMER INFORMATION

Name: _____ Maiden Name (if applicable) _____

Address: _____ City: _____

State: _____ Zip: _____

Consumer Birth Date: _____ SSN # (Optional): _____

Phone: _____

AMENDMENT REQUEST INFORMATION

Describe the information you want to amend due to inaccuracy or incompleteness (e.g., lab test results, physician notes):

Date(s) of information you want amended (e.g., date of office visit, treatment, or other health care services).

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What is the reason for this request?

How is the current information inaccurate or incomplete?

What should the entry say to be more accurate or complete?

Do you know of anyone who may have received or relied on the information you want to amend (i.e. your family doctor, pharmacist, health plan, or other health care provider)? Yes No

If yes, please give the name(s) and address(es) of the organization(s) or individual(s):

Do you specifically authorize us to notify the person(s) listed above, and any other persons or entities with whom we may have shared the information to be amended, of any amendment that is made to your health information as a result of this request? Yes No

Signature of consumer/legal representative

Date

You will receive a written response from us within 60 calendar days of our receipt of your request. In a very few circumstances, we may need an additional 30 days to respond to a request for amendment beyond the 60 day period. If that happens in your case, we will send you a written notice before the 60 days expire to inform you that we will need the additional 30 days to respond. If your request for amendment is denied, you will receive a written reason for the denial and we will explain your rights to have the denial decision reviewed and/or your right to submit a written statement of disagreement that can be included in future disclosures of the un-amended information.
