



REQUEST FOR AN AMENDMENT OF HEALTH INFORMATION

You have the right to request an amendment of the Protected health Information maintained by Erie County in a Designated Record Set. Please refer to the Notice of Privacy Practices for a more detailed description of your rights. To make a request to amend your records, please complete and return this form to:

Erie County Chief Privacy Officer
95 Franklin Street, Room 1634
Buffalo, NY 14202
Chief.Privacy.Officer@erie.gov

CONTACT INFORMATION

PATIENT NAME: _____
(please print)

PHONE NO.: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

EMAIL: _____ DATE OF REQUEST: _____

DESCRIPTION OF REQUEST

1. Please indicate which of the following department(s) of Erie County you would like to provide an accounting of disclosures:

- | | |
|---|--|
| <input type="checkbox"/> Department of Emergency Services | <input type="checkbox"/> Department of Senior Services |
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> Department of Social Services |
| <input type="checkbox"/> Department of Mental Health | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Other _____ | |

2. What information would you like to amend?

3. What are the date(s) of entry of the information described above?

4. Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?



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5. If your request is approved, would you like Erie County to send the amendment to anyone to whom we may have disclosed the information? If so, please specify the name and address of the individual(s) or organization(s):

_____	_____
Name	Address
_____	_____
Name	Address

SIGNATURE AND VERIFICATION

I have read, understand and had an opportunity to ask questions about this form. I further understand that under certain circumstances, Erie County may deny this request.

SIGNATURE: _____ DATE: _____

NAME AND ADDRESS OF PERSONAL REPRESENTATIVE (if applicable):

PERSONAL REPRESENTATIVE'S AUTHORITY (supporting documentation is required):

- | | |
|---|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Court-Appointed Guardian | <input type="checkbox"/> Administrator/Executor |
| <input type="checkbox"/> Health Care Agent | <input type="checkbox"/> Other: _____ |

VERIFICATION REQUIREMENTS

For in-person requests for an amendment of health information, patients and authorized representatives can meet verification requirements with one of the following:

- In-person patient request verified by government-issued photo identification (copy of ID to be retained with request)
- In-person request by authorized third party - parent, legal guardian, or other court-appointed representative verified by government issued photo ID and copy of appointing document (copy to be retained with request)

Notarization is required for requests submitted to Erie County by mail. An authorized representative must also submit a copy of the appointing document. The notary public or other officer authorized to take and certify acknowledgments and administer oaths must complete the following:

STATE OF NEW YORK

COUNTY OF _____

On the _____ day of _____ in the year _____ before me, the individual referenced above, personally appeared and proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this form and acknowledged to me that he or she executed the same in his or her capacity, and that by his or her signature(s) on the form, the individual executed the form.

Notary Public

Printed Name: _____ My Commission Expires: _____



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FOR ADMINISTRATIVE USE ONLY:

Date Received: _____ Amendment has been: Accepted Denied

If denied, check reason for denial:

Request not in writing

PHI was not created by the County

Request did not explain why we should make amendment

PHI is not part of the individual's Designated Record Set

PHI is not available to the individual for inspection as required by federal law (e.g., psychotherapy notes) or the County's Privacy Policy

PHI is accurate and complete

Staff member: _____ Title: _____