

# Patient Request for PHI Amendment



You have the right to request an amendment to your personal health information that is held by NKDHC. We do not have to agree with your request if the personal health information we have about you is accurate and complete, or was not created by us, or is not part of a designated record set, or is not available for you to see.

Please complete the below information (any section that is left blank may delay our response to your request)

Patient Name (Print): \_\_\_\_\_

DOB: \_\_\_\_\_

Phone (home or mobile): \_\_\_\_\_

Date of Request: \_\_\_\_\_

Identify the specific information you want amended (e.g., history & physical, physician notes):

\_\_\_\_\_

Describe how the entry is incorrect or incomplete:

\_\_\_\_\_

\_\_\_\_\_

Provide your amendment request:

\_\_\_\_\_

\_\_\_\_\_

Identify anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan or other care provider):

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize this office to add my amendment to my records and to notify other persons or organizations I have listed above, and person and/or organizations identified by the office.

\_\_\_\_\_  
Patient or Legal Representative **Printed Name**

\_\_\_\_\_  
Patient or Legal Representative **Signature**

\_\_\_\_\_  
Date

All requests for the PHI Amendments should be documented in writing and directed to the NKDHC Privacy Officer. Completed request forms should be mailed to the Privacy Office using the contact information below or handed to the office staff who will direct the request to the Privacy Office for you.

NKDHC Administration Attn: Privacy Officer  
2545 S Bruce ST Suite 200  
Las Vegas, NV 89169  
  
Phone: 702-732-2438

We will review your request and respond within 60 days of receiving your request. A copy of your request will be added to your record.

If we make the change and you agree, we will send it to anyone we know has received the information in the past. We will also send the amendment to anyone you identify.

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**To be completed by the Privacy Officer**

Date Received: \_\_\_\_\_

Correction or Amendment has been  Accepted  Denied – Letter sent

Review of this request has been delayed due to:

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OFFICE USE ONLY:			
Request Received By:		Date:	