

**REQUEST FOR AMENDED/CORRECTION OF PROTECTED HEALTH
INFORMATION (PHI)****INDIVIDUAL INFORMATION**Name (*Last, First, M.I.*): _____ Assist Number: _____

Birth Date: _____ Request Date: _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

WHAT NEEDS TO BE AMENDED/CORRECTED AND WHY

Medical Information:

Explain what is incorrect and why. What do you want to be changed?

Would you like this statement sent to anyone we may have disclosed this information to in the past?

Yes No

If yes, specify the name and address of the organization or individual. If the covered component accepts this requested amendment, DDD will provide the amendment to persons DDD knows has received it.

AUTHORIZATION OF HEALTH CARE OVERSIGHT OR LAW ENFORCEMENT AGENCY

I understand that DDD may or may not amend my health information based on my request, and under no circumstances is DDD permitted to alter my original health record. In any event, this request for an amendment will be made part of my case file.

Note: If this request is denied, you may submit a written statement of disagreement or a complaint to:DDDPrivacy@azdes.gov

Or

Arizona Department of Economic Security
Division of Developmental Disabilities
Privacy Officer
1789 W. Jefferson Street
Phoenix, AZ 85007

See reverse for EOE/ADA disclosures

WHAT LEGAL AUTHORITY DO YOU HAVE TO AMEND THE HEALTH INFORMATION OF THE INDIVIDUAL LISTED ABOVE?

Please attach legal documentation verifying that you are the parent, conservator, guardian, or executor of a decedent's will, or have medical decision-making authority for the individual.

Parent	Medical Poser of Attorney
Guardian	Conservator
Executor of will	Other: _____

Individual or Personal Representative's Name(*Last, First, M.I.*): _____

Signature: _____ Date: _____

DDD USE ONLY

Employee's Name(*Last, First, M.I.*): _____ Division: _____

Date Received: _____

Signature: _____ Date: _____

DIVISION PRIVACY OFFICER DETERMINATION

Amendment is Accepted

Amendment is Denied

REASONS FOR DENIAL

PHI was not created by this organization.

PHI is not part of the individual's designated record set.

PHI is not available to the individual for inspection as permitted by federal law.

PHI is accurate and complete.

COMMENTS:

Division Privacy Officer (*Print*): _____ Division: _____

Date: _____