



LOUISIANA CARDIOLOGY  
ASSOCIATES

## Request for Correction/Amendment of Protected Health Information

Patient Name	Date of Birth	Social Security Number

Patient Address

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Date to be Corrected/Amended	Information to Corrected/Amended

Please explain how information is incomplete or incorrect. Use additional sheets if needed and attach to this form.

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LCA will make reasonable efforts to provide the amendment to persons who LCA knows received the information in the past and who may have relied, or are likely to rely, on such information in a manner that may be detrimental to your health care.

I allow LCA to release any amended information to persons as described above

Would you like this amendment to be sent to anyone who received the information in the past?

Yes

No

Specify Name and Address of Organization:

Patient or Personal Representative Signature	Date

**LCA USE ONLY**

<b>Date Received</b>	<b>Amendment has been</b>
	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>

**If denied, check reason for denial:**

<input type="checkbox"/> <b>PHI is not a part of patient's designated record set</b>
<input type="checkbox"/> <b>LCA did not create record</b>
<input type="checkbox"/> <b>Record is not available to the patient for inspection under federal law</b>
<input type="checkbox"/> <b>Record is accurate and complete</b>

<b>Signature of Compliance Officer or Designee</b>	<b>Date</b>

<b>Signature of Healthcare Provider (<i>if applicable</i>)</b>	<b>Date</b>

<b>Comments of Healthcare Provider (<i>if applicable</i>)</b>

# **Instructions for Completing Request for Correction/Amendment of Protected Health Information Form**

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- 1) Print legibly in all fields using dark, permanent ink.
- 2) Sign and date the request.
- 3) Submit completed and signed form to the LCA compliance officer.
- 4) You will receive a photocopy of your completed form, as an acknowledgement of receipt of your request, no later than ten (10) days after your form is received.
- 5) You will be notified of the acceptance or denial of your request.
- 6) If your request is accepted, LCA will follow its policy for amendment or correction of health information by informing you and notifying others. If you are a U.S. citizen or alien lawfully admitted for permanent residence, LCA is required by law to notify any previous recipient of the record in question of the corrective action taken, if LCA made an accounting of such disclosure. In addition, regardless of your citizenship status, subject to your agreement, LCA will make reasonable efforts to send any amended or corrected information to anyone LCA knows received this information in the past and who have relied, or are likely to rely, on such information to your detriment. LCA will also make reasonable efforts to send the correction or amendment to those persons you identify and who have an need for the correction or amendment.
- 7) If you are not a U.S. citizen or alien lawfully admitted for permanent residence, and your request is denied, you may do one of the following:
  - a. Submit to the Compliance Officer a one (1) page written statement disagreeing with the denial and the basis for such an agreement.
  - b. If you do not submit a statement of disagreement, you may request that LCA provide this request for correction/amendment and the denial with any future disclosures.
  - c. LCA has the right to prepare a written rebuttal to any statement of disagreement. You will be provided a copy of any rebuttal statement. Any written rebuttal by LCA is not subject to correction or amendment.
- 8) If you are a U.S. citizen or alien lawfully admitted for permanent residence, you may appeal the refusal to correct or amend the requested information to the Compliance Officer. In the event you appeal is denied, or if you elect not to appeal, you may submit a statement of disagreement as described in 7(a)(b). In addition, if your appeal is denied, you may seek judicial review of the decision.
- 9) If you have a complaint about LCA's policies and procedures regarding protected health information, you may file such a complaint with:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Ave., S.W.  
Room 509F HHH Building  
Washington, DC 20201
- 10) This form and subsequent information pertaining to this request will become part of your permanent health record.