NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Weill Cornell Medicine

COLUMBIA
COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Please complete all sections and print responses:

PATIENT Name:	Middle or Other Name:	Patient Date of Birth: / /
Patient Street Address:		Patient Apt/Unit/Suite:
Patient City:	Patient State: ☐ NY ☐ NJ ☐ CT ☐ PA ☐ OTHER:_____	Patient Zip:
Patient Telephone: ☐ Cell or ☐ Home ( )	Patient Fax Number (if applicable): ( )	Patient Email Address:

Please specify the facility from which you are requesting a correction/amendment of your protected health information:

Hospital/Inpatient Locations

☐ NYP Allen Hospital
☐ NYP Brooklyn Methodist
☐ NYP/Columbia University Medical Center
☐ NYP Hudson Valley
☐ NYP Westchester (formerly Lawrence)
☐ NYP Lower Manhattan
☐ NYP Morgan Stanley Children's Hospital
☐ NYP Queens
☐ NYP/Weill Cornell Medical Center
☐ NYP Westchester Behavioral Health
☐ Gracie Square Hospital

Outpatient/Physician's Office

☐ Columbia University Irving Medical Center (CUIMC)
☐ NYP Medical Group Hudson Valley
☐ Weill Cornell Medicine (WCM)
☐ NYP Medical Group Queens
☐ NYP Medical Group Brooklyn
☐ NYP Medical Group Westchester

Date of Entry to be Amended: _____/_____/_____ **Provider(s) Seen:** _____

Explain how the entry is incorrect or incomplete. (Use additional paper if more room is needed to explain)

_____

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual:

_____
Recipient Name and Address

_____ / /
Signature of Patient or Legal Representative Date

For Organization Use Only:

Date Received by HIM: ____/____/_____

Accepted ☐ An amendment will be made to the appropriate protected health information
Denied ☐ Reason for denial specified below, **Check reason for denial:**
- ☐ PHI was not created by this organization
- ☐ PHI is not part of patient's designated record set
- ☐ PHI is accurate and complete
- ☐ PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes)
- ☐ PHI was documented by provider who is no longer part of this organization

Comments of Healthcare Provider:

_____ / /
Signature of Healthcare Provider Date