



## Patient Request for Amendment of Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 establishes an individual's right to request amendment of their protected health information (PHI). Portland Gastroenterology Center (PGC) requires that all requests for amendment of PHI be made in writing using this form. If we grant your request, PGC is bound by the terms of this agreement. PGC's privacy officer will review all requests. PGC does not have to agree to the requested amendment. You will be notified in writing of PGC's decision to accept or deny your request within sixty (60) days of your request. Until a decision is reached, your request for amendment will not be honored.

I, \_\_\_\_\_, request that PGC change/amend my medical  
Patient Name  
record because: (Specifically explain what details/dates are to be changed/amended and why.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Signature (or Legal Representative)** \_\_\_\_\_  
**Relationship of Legal Representative to Patient:** \_\_\_\_\_  
**Patient Printed Name and Date of Birth** \_\_\_\_\_  
**Date of Request** \_\_\_\_\_

### For practice use only:

**Portland Gastroenterology Center**  
 Accepts       Denies       Accepts in part (see comments below)  
**Privacy Officer Signature** \_\_\_\_\_  
**Date of Review:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_

Return this completed form to:  
Portland Gastroenterology Center  
161 Marginal Way  
Portland, ME 04101  
Attn: Melissa Gousse