

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
REQUEST FOR AMENDMENT OF HEALTH INFORMATION**

Individual's Name: _____ Birth Date: _____

Recipient Number: _____

Individual's Address: _____

Date of entry to be amended (if known): _____

Type of entry to be amended (if known): _____

1. Please explain how the entry is inaccurate or incomplete. What should the entry say to be more accurate or complete?

2. 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.

3. If your request to amend health information is denied, please be advised that you have the right to submit a written statement (not to exceed 60 words) disagreeing with the denial.

The statement should be submitted to Privacy/Client Information Officer,
Department of Public Welfare, Office of General Counsel, 3rd Floor West,
Health & Welfare Building, Harrisburg, PA 17120.

4. If you choose to not complete a statement of disagreement, you may request that the Department provide your request for amendment and the denial with any future disclosures of your information.

5. You may file a complaint concerning this request for amendment directly to:

Privacy/Client Information Officer
Department of Public Welfare
Office of General Council
3rd Floor West, Health & Welfare Building
Harrisburg, PA 17120

6. You may submit a complaint directly to the Secretary of Health and Human Services by writing to: 200 Independence Avenue, SW, Washington, DC 20201

Signature of Individual or Personal Representative Date

FOR DEPARTMENT USE ONLY:

Date Received: _____ Amendment has been: ☐ Accepted ☐ Denied

If denied check reason for denial:

- ☐ Record was not created by this organization.
- ☐ Record is not available to the individual for inspection as required by federal law (e.g., psychotherapy notes).
- ☐ Record is not part of individual's designated record set.
- ☐ Record is accurate and complete.

Comments

Date Amendments Made: _____

Name of Staff Member

Title