

## NOTIFICATION OF AMENDMENT TO PROTECTED HEALTH INFORMATION

Once you have completed the entire form, please submit the form by any of the following options:

- o **Email:** [RUHS-ROI@ruhealth.org](mailto:RUHS-ROI@ruhealth.org)
- o **Mail:** Riverside University Health System - Medical Center,  
Attn: Medical Records 26520 Cactus Ave, Moreno Valley, CA 92555
- o **In Person:** Medical Records Department at Riverside University Health System - Medical Center.

Patient Name:	Medical Record Number:	Date of Birth:
Address:		Phone:

\_\_\_\_\_  
**Signature of patient or legal representative:**

\_\_\_\_\_  
**Date & Time**

\_\_\_\_\_  
**Legal representative print name**

\_\_\_\_\_  
**Relationship to patient**

\_\_\_\_\_  
**Legal rep. phone**

➤ Please specify which record(s) you are requesting to be amended, and the reason for your request.

Date of Visit	Location of Visit	Reason(s) for Amendment Request

➤ Please provide specifics of the protected health information you want changed  
(if additional details need to be provided, please continue on a separate sheet of paper).


**Please note:** We cannot delete or destroy any information already included in your medical record. We can only add clarifying or correcting statements.

We must tell you within 60 days if we will change your protected health information as you requested or tell you that we need more time (up to 30 extra days) to decide.

➤ Tell us where to send you a letter: \_\_\_\_\_

➤ Provide a phone number so we can call you: \_\_\_\_\_

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➤ If we decide to change the health information as you requested, we will send the change to any person who received the information before it was changed. Tell us if there are any such persons who need the changed information:

No Initials: \_\_\_\_\_
  Yes Initials: \_\_\_\_\_

➤ Please list the persons' names and addresses:

Name	Address

➤ We will also send the amendment to other persons that we know received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm). Do you agree to this?

No Initials: \_\_\_\_\_
  Yes Initials: \_\_\_\_\_

➤ We do not have to change your protected health information if:

1. We did not create the information, unless the person who created the information is unavailable to act on your request to change it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain:

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2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want changed.
4. The protected health information you want changed is not part of the designated record set. This includes your medical records, billing records and records containing your protected health information that are used by us to make decisions about you.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at [www.ruhealth.org](http://www.ruhealth.org) or at **Medical Records Department at Riverside University Health System - Medical Center** or by sending a written report to **Riverside University Health System - Medical Center, Medical Records Department, 26520 Cactus Ave, Moreno Valley, CA 92555**.

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the hospital, contact **Privacy and Compliance Officer at (951) 486-4659**. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*