REQUEST FOR AMENDMENT OF HEALTH INFORMATION

THE OREGON CLINIC

PART A. INDIVIDUAL TO COMPLETE THE FOLLOWING INFORMATION (please print):

Name (last, first, middle): _____

Address: _____

Telephone No.: _____ Date of Birth: _____

Medical Record No.: _____

REQUEST:

1. Description or a copy of the medical record that I want amended (include provider name, date(s) of service, and type of information such as lab test results, physician notes, etc.) (please attach supporting notes as necessary):

   _____

   _____

   _____

   _____

2. I request that the information be amended as follows (attach supporting document(s) as necessary):

   _____

   _____

   _____

   _____

3. Reason(s) for my request to amend:

   _____

   _____

   _____

   _____

4. If the amendment is accepted, I request that The Oregon Clinic (TOC) provide this amendment to the following person(s) who has/have received my health information in the past (please specify the name, address, and phone number of the individuals or organizations):

   _____

   _____

   _____

   _____

I understand that accepted amendments will be added or linked to the original documentation and become part of the permanent health record.

Date: _____

Signature of Patient/Legal Representative: _____

Printed name of Legal Representative: _____

PART B. HIPAA SPECIALIST OR PRIVACY OFFICER TO COMPLETE THE FOLLOWING:

Date of receipt of request: _____

Date the request is sent to TOC provider (include provider's name): _____

Request for correction/amendment has been: ☐accepted ☐denied

If denied, check reason for denial:

- ☐ the PHI was not created by TOC
- ☐ the PHI is not part of the individual's designated record set
- ☐ the PHI is accurate and complete
- ☐ no reason provided for amendment
- ☐ Request for Amendment not completed

Provider/Staff comments:

_____

_____

_____

_____

Notice to Individual/Others

Individual and/or others notified of determination via one or more of the following (check all that apply):

- ☐ Notice of Acceptance of Amendment sent to individual on: _____
- ☐ Notice of Denial of Amendment sent to individual on: _____
- ☐ Notice of Acceptance of Amendment sent to identified persons pursuant to individual's authorization on: _____

Date: _____

Signature of HIPAA Specialist/Privacy Officer: _____

Name and Title: _____

THE OREGON CLINIC

Notice of Availability

If you speak another language, free language assistance services and appropriate auxiliary aids and services are available to you. Let us know how we can help.

Spanish

Si usted habla español, hay disponibles para usted servicios gratuitos de asistencia de idiomas y dispositivos y servicios auxiliares adecuados. Infórmenos cómo podemos ayudarlo.

Vietnamese

Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các phương tiện và dịch vụ hỗ trợ phù hợp dành cho quý vị. Xin hãy cho chúng tôi biết cách chúng tôi có thể trợ giúp cho quý vị.

Chinese

如果您说 中文，我们可提供免费的语言帮助，以及适当的辅助援助和服务。 请告知我们，您需要什么样的帮助。

Russian

Если вы говорите на русском, мы можем предоставить бесплатно помощь на вашем языке, а также и соответствующие вспомогательные средства и услуги. Сообщите нам, как мы можем помочь.

Korean

한국어 를 구사하시는 경우 무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 이용할 수 있습니다. 어떻게 도와드릴 수 있는 지 알려주세요.

Ukrainian

Якщо ви розмовляєте цією мовою: українська, то можете отримати безкоштовну допомогу й послуги, зокрема мовні. Повідомте нам, чим ми можемо допомогти.

Japanese

日本語を話される方は、無料の言語支援サービスや適切な補 助器具やサービスをご利用いただけます。 私たちがどのようにお手伝いできるかお知らせください。

Arabic

إذا كنت تتحدث [العربية]، فستتوفر لك الخدمات المجانية بشأن المساعدة اللغوية مع المعونات الملائمة والخدمات المساعدة. دعنا نعرف كيف يمكننا مساعدتك.

Romanian

Dacă vorbiți română, serviciile gratuite de asistență lingvistică și ajutoarele auxiliare adecvate sunt disponibile pentru dumneavoastră. Informați-ne cum vă putem fi de ajutor.

Thai

ถ้าคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาฟรี รวมถึงความช่วยเหลือและบริการเสริมที่เหมาะสมแก่คุณ แจ้งให้เราทราบว่าเราสามารถช่วยได้อย่างไร

German

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Teilen Sie uns mit, wie wir helfen können.

Persian

اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان زبانی و وسایل و خدمات کمکی مناسب در دسترس شما هستند. به ما اطلاع دهید که چگونه می‌توانیم کمکتان کنیم.

Somali

Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah iyo kaalmooyinka iyo adeegyada ku habboon ayaa diyaar kuu ah. Nala soo socodsii sida aan u caawin karno.

French

Si vous parlez français, des services d'assistance linguistique gratuits et des aides et services auxiliaires appropriés sont à votre disposition. Dites-nous comment nous pouvons vous aider.

Khmer

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាខ្មែរដោយឥតគិតថ្លៃ និងឧបករណ៍ជំនួយនិងសេវាជំនួយសមស្របមានសម្រាប់អ្នក។ សូមអនុញ្ញាតឱ្យយើងដឹងថាតើយើងអាចជួយអ្នកបានដោយរបៀបណា។

May 30, 2025