

**IMPERIAL COUNTY
BEHAVIORAL HEALTH SERVICES
202 N. EIGHTH STREET
EL CENTRO, CA 92243**

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Completion of this form gives you the opportunity to request that Imperial County Behavioral Health Services (ICBHS) amend information maintained about you. In order for ICBHS to respond promptly to your request, please complete this form in its entirety.

IDENTIFYING INFORMATION		
Date:	Name:	DOB:
Address:	City/Zip:	Phone:
REQUESTED AMENDMENT		
Please tell us what protected health information you want to amend: _____		

REASON FOR REQUESTED AMENDMENT		
Please tell us why you want this amendment. You must give a reason. _____		

AUTHORIZATION		
If we decide to amend the health information as you requested, we will provide notification of the amendment to any person who received the information before it was amended. Tell us if there are any such person(s)/agency(ies) who need the amended information. <input type="checkbox"/> No. Initials: <input type="checkbox"/> Yes. Please list the persons' names and addresses: _____		

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? <input type="checkbox"/> Yes. Initials: _____ <input type="checkbox"/> No. Initials: _____		
ADVISEMENTS		
We do not have to change your protected health information if:		
<ul style="list-style-type: none"> • We did not create the protected health information, unless the person who created the information is unavailable to act on your request to change it. If this applies to you, please explain: _____ _____ • The protected health information is accurate and complete. • You do not have the legal right to access the protected health information you want amended. • 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. 		
SIGNATURE		
_____ Signature of client/personal representative		_____ If personal representative, give relationship

Original: Chart

Canary: Client

Pink: Privacy Officer

NOTICE OF RIGHTS AND OTHER INFORMATION

Your right to amend information in your records:

- You have the right to request amendment to your health information held in Imperial County Behavioral Health Services (ICBHS) files.
- You have a right to have an answer to your request within 60 days. If there is a delay in getting you the answer, you will be told. The delay cannot be more than 30 days. You will receive an answer in writing.
- If you disagree with the answer, you can provide a written statement or disagreement. ICBHS will keep this statement with your record.
- Anytime your record is shared, both your statement or disagreement and ICBHS' answer will be included when relevant.

If you have any questions relating to your request for amendment of records, please contact the privacy officer using the contact information below.

For more information about your privacy rights, see the "Notice of Privacy Practices" available in all of our lobbies and buildings.

If you believe your privacy rights have been violated, you may file a complaint with Imperial County Behavioral Health Services (ICBHS) or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

A privacy complaint may be directed to:

ICBHS Privacy Officer
202 N. Eighth Street
El Centro, CA 92243
Phone: (442) 265-1560
Fax: (442) 265-1583

Original: Chart

Canary: Client

Pink: Privacy Officer