



Privacy Forms

# Saint Luke's Health System

## Request for Amendment

Name of Facility Providing Care: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Medical Record Number: \_\_\_\_\_  
(if known)

Amendment is for (Specify Document/Entry/Date of Service): \_\_\_\_\_

In the space below, please document and provide rationale for the amendment that you are requesting to have made: (use back side or separate paper if needed)

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(s) or individual(s) below:

_____	_____
_____	_____
_____	_____
Names	Addresses

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Patient or Legal Representative)

Relationship to patient if someone other than: \_\_\_\_\_

**Please Return Form to: Any Medical Record Department or the SLHS Privacy Office at  
901 E. 104<sup>th</sup> St., Mailstop 3000-S, Kansas City, MO 64131**

**FOR PRIVACY OFFICE USE ONLY**

Request Received By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Request Assigned To: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

- Accepted
- Accepted in part with the following changes: \_\_\_\_\_
- Denied (Reason For Denial):
  - PHI was not created by this organization
  - PHI is accurate and complete
  - PHI is not available to the patient for inspection (as required by the federal law)
  - PHI is not part of the patient's designated record set
  - Other \_\_\_\_\_

Signature: Healthcare Provider/Privacy staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Privacy Staff send to HIM to File in Medical Record**