REQUEST TO AMEND RECORDS - PROTECTED HEALTH INFORMATION (PHI)

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 1981 (9-2013)

Clear Fields

Client Name	Date of Birth	Telephone Number	
Address	City	State	ZIP Code
Unit	Case Number		

This form must be used to request that PHI kept in the records of a unit of the North Dakota Department of Human Services (DHS) be amended. This form must be provided to the unit that maintains your PHI. A written notice of the decision will be sent to you within 60 days of the unit's receipt of this request. If the unit is unable to act on the amendment request within 60 days, the unit may make an extension for up to 30 days provided that you are given a written statement of the reason for the delay and a date the action will be completed. If DHS determines that the amendment you have requested should be made, the records will be updated as required by federal regulations. If DHS determines that the information in its records is accurate or complete, your request will be denied. You will have an opportunity to provide DHS with a written statement explaining your disagreement with this decision. A statement of disagreement must be filed with the unit within 30 days. That statement will be included in your records, along with any response that DHS believes is necessary to help future users of the information understand that information. You will be given a copy of any response that DHS includes in the record.

If you are asking to amend the PHI that a unit of DHS has in its record, please consider the following:

- DHS will only amend records that are part of your designated record set.
- DHS cannot amend records that it did not create unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment.
- DHS will only amend records if they are found to be inaccurate or incomplete.
- If your record is amended, DHS may need to obtain your permission to share the amendment with other providers who may need this information to provide you services.
- If your record is amended, DHS will retain the original record in your designated record set.
- DHS cannot amend the record if the information is not accessible to the client by federal or state law.
- DHS, pursuant to federal and state law, may disclose the original record, amended record, your request for amendment, DHS denial, your statement of disagreement, and DHS rebuttal.
- If DHS denies your request and you do not file a statement of disagreement, you must request DHS in writing to submit your request for amendment and DHS denial with any subsequent disclosure of your PHI.
- You will need to provide any information you have to support your request.

Describe the information you want amended. Include the dates of the information.

Explain the reason for making this request.

Explain how the information is inaccurate or incomplete and how you would like it changed.

If this request is accepted, provide a list of individuals or organizations who have received copies of this information that you would like notified of the amendment.

Signature of Client or Legal Representative	Date

FOR DHS USE ONLY

Date Request was Received	Date Determination was Made	Date of Written Notice Sent to Client

☐ Request Approved ☐ Request Denied ☐ Request Approved and Denied in Part

(A copy of the written notice provided to the individual approving or denying the request must be attached to this form.)

Staff Member Processing Request	Date

Statement of Disagreement *(A copy of the response must be attached to this form.)*

☐ Individual has filed a statement of disagreement that must be included with future releases and disclosures

☐ Individual has NOT filed a statement of disagreement

Staff Member Processing Request	Date

Department Response to Statement of Disagreement *(A copy of the Department's response must be attached to this form.)*

☐ A written rebuttal has been provided to the individual

Staff Member Processing Request	Date

Additional Comments