THE University *of* Vermont
MEDICAL CENTER

Health Information Management

Request for Correction/Amendment of Protected Health Information

Patient Name:			Date of Birth:	
Medical Record Number:				
Patient Address:				
Patient Phone Number:				
Date(s) of Entry to be amended:		Type(s) of entry to be amended:		

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? *(Please attach additional documentation if necessary)*

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 or individual.

Name	Address

Signature of Patient or Legal Representative	Date

Return completed form to Health Information Management, 111 Colchester Avenue, Burlington, VT 05401 or fax to 802-847-0436

For UVMMC Use Only:

Date Received		Amendment has been:		Accepted		Denied
If denied, check reason for denial:						
PHI is not available to the patient for inspection as required by federal law, i.e., psychotherapy notes						
PHI was not created by UVMMC		PHI is not part of patient's designated record set			PHI is accurate and complete	

Comments :

Name/Title of Staff Person Processing Amendment: _____

Signature of Staff Person Processing Amendment: _____

Date/Time

Form # 037003 (08/2023)