



Request to Amend Protected Health Information

The Health Insurance Portability and Accountability Act (“HIPAA”) gives you the right to ask for an amendment to your medical record if you feel that an entry is incorrect or incomplete. This right only applies to factual statements in the record and not to a provider’s observations, inferences, or conclusions. There are times when NYU Langone Medical Center may not allow your record to be changed. In those cases, the patient may have the Medical Center add a statement of disagreement prepared by the patient. This statement must be 150 words or less.

To ask for an amendment, please fill out the form below and submit to:

- to change Tisch Hospital, Rusk Rehabilitation Institute, Hospital for Joint Diseases, and other NYU Hospitals Center site records, submit the Request Form to: HIM, NYU Hospitals Center (212-263-5490).
- to change NYU Clinical Cancer Center records, submit the Request Form to: HIM, NYU Clinical Cancer Center (212-731-5096).
- to change Faculty Group Practice records, submit the Request Form directly to the physician’s Office Manager.

Patient Name (print): _____

Patient Address _____

Phone Number: _____ Email: _____

Please describe how the entry is incorrect or incomplete. Please attach any documents you feel are needed to make the entry more accurate or complete.

Please give the name and address of organizations or individuals to whom you believe we may have shared this information with in the past.

<p>Signature: _____ Date: _____ Time: _____ AM/PM</p> <p>(Patient or person authorized to sign)</p> <p>If the consenting party is other than the patient, print name and relationship to patient:</p> <p>_____</p>

Office Use: Received: ___/___/___ Completed: ___/___/___ Initials: _____