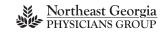


HIPAA – Request for Amendment of Health Information					
PATIENT NAME			DATE OF BIRTH		
PATIENT STREET ADDRESS					
CITY	STATE	ZIP		TELEPHONE	
NOTICE			MAIL COM	MAIL COMPLETED FORM TO	
				Health Information Management. 743 Spring Street NE Gainesville, GA 30501 FAX 770-219-6903	
Date of record to be changed:					
Type of record to be amended: (Ex: visit record-clinical, visit record-administrative, hospital record, prescription data, patient history.)					
copy of the record, please make proposed changes a	and attach.				
Name and address of who you would like us to notify of the change, <i>if it is accepted</i> (e.g. personal physician.) NAME ADDRESS					
				_	
PATIENT SIGNATURE OR AUTHORIZED PARTY	RELATIONS	RELATIONSHIP TO PATIENT		DATE	
FOR INTERNAL USE ONLY RECEIPT DATE:					
The Request for Amendment has been — accepted Partial acceptance and denials can be based on the mation/record is not a part of NGMC, NGPG or GHI in accordance with Georgia law; the information/recongue, NGMC, NGPG OR GHI REPRESENTATIVE:	following: the information/recomedical or billing records; the	ord was not creating information/rec	-	GMC, NGPG or GHI; the infor-	
If your request has been denied, in whole or in part, y		ed it to the addr	ass listed	ahove	

- to submit a written statement of why you disagree with the denial and send it to the address listed above
- to request that your doctor show this Request for Amendment and the denial with any future disclosures of the information requested in this Request for Amendment
- file a written complaint with the Department of Health and Human Services at: Region 4 Health Administrator, 61 Forsyth Street, SW, Suite 5B95, Atlanta, GA 30303

Northeast Georgia Health System is not a provider of patient care services; rather, it is a parent organization of a family of affiliate care providers providing health information management services through its Health Information Department.







PATIENT IDENTIFICATION:



HIPAA - REQUEST FOR AMENDMENT OF HEALTH INFORMATION