



Texas Children's Request for Amendment of Protected Health Information

You have the right to request an amendment of your protected health information maintained by Texas Children's if you believe the information is not accurate or complete. You must submit your request on this form. If the patient is a minor child, the legally authorized representative (e.g., parent) must request the amendment.

If your request for amendment is approved, the original documentation will not be changed or deleted. Your amendment will be appended or linked to the information that is being amended.

Texas Children's may deny your request for an amendment if it does not include a reason to support the request. In addition, Texas Children's may deny your request if you ask Texas Children's to amend information that: (1) was not created by Texas Children's, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of a Texas Children's designated record set, such as the medical record; (3) is not part of the information which you would be permitted to inspect and copy; or (4) Texas Children's determines to be accurate and complete. Texas Children's will respond to your request within 60 days.

Please amend my (or my child's) information as follows:

A. Patient name: _____ Birth date: _____
 Mailing address: _____ Home phone: _____
 City, State, ZIP: _____ Other Phone: _____

B. Texas Children's entity where information resides:
 Texas Children's Hospital (including West Campus) Texas Children's Pavilion for Women
 Texas Children's Health Plan (including The Center) Texas Children's Pediatrics

Dates of admission or treatment: _____

Date of the entry or information to be amended (and time if known): _____

C. Type of record to be amended:

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Consultation Reports	<input type="checkbox"/> Past/Present Medications
<input type="checkbox"/> History/Physical Exam	<input type="checkbox"/> Radiology Reports & Images	<input type="checkbox"/> Patient Allergies
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> EKG/Cardiology Reports	<input type="checkbox"/> Billing (Claim) Information
<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> All health information

Mental/behavioral health records (may require physician/psychologist approval)
 Psychiatric/mental health records Neuropsychological testing Other _____

D. Describe what information is incomplete or incorrect and what you believe should be changed. State what information you believe should be added and/or deleted.



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E. State the reason that supports your request. Furnish copies of supporting information, if applicable.

I request that Texas Children's amend my (or my child's) protected health information as maintained by Texas Children's in order to correct inaccuracies or complete the information as described above. I understand that Texas Children's reserves the right to verify my identity.

Signature: _____ Date: _____

Print name: _____ Relationship to patient: _____

If your amendment is accepted, Texas Children's has a responsibility to notify others who are involved in your (or your child's) care and who would rely on the amended information for your (or your child's) well-being. We request that you identify any persons you believe received the related information in the past and who rely on the information to your detriment (or to your child's). By listing a person below, you authorize Texas Children's to notify them of the amendment.

Other persons to be notified about the amendment (attach additional page(s) if necessary):

Table with 5 columns: Name, Street, City, State, ZIP. Two rows of headers.

Mail or fax completed forms to:
Compliance Services and Privacy Office
Texas Children's
2450 Holcombe Blvd, Suite 31G
Houston, TX 77021
Phone: (832)824-2085 Fax: (832)825-2167