



SOUTHWEST MEDICAL ASSOCIATES, INC.

A subsidiary of Sierra Health Services, Inc.

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Medical Record Number: _____

Date of Birth: _____

Patient Address: _____

City _____ State _____ Zip _____ Telephone Number _____

Date of Entry to be amended: _____

Type of Entry to be amended: _____

Please explain how the entry is incorrect or incomplete. _____

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 _____

For Southwest Medical Associates Staff Use Only:

Date Received _____ Amendment has been: Accepted Denied

If denied, check reason for denial:

- PHI was not created by this organization
- the originator is no longer with this organization
- PHI is accurate and complete
- PHI is not part of patient's designated record set

Provider's Comments:

_____ Signature - Health Information Management _____ Date _____

_____ Signature - Provider _____ Date _____