



**Amendment of Protected Health Information Request Form**

I, \_\_\_\_\_, request that the protected health information in the medical  
Print Name

record of \_\_\_\_\_ whose date of birth is \_\_\_\_\_  
Print Patient Name Month/Day/Year

be amended as follows: (Print clearly description of changes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reason that I am requesting the information be amended is: (Print clearly a reason to support your request, e.g. the information in the record is not accurate or incomplete)

\_\_\_\_\_  
\_\_\_\_\_

I understand that WESTMED Medical Group is not required to amend information that is accurate and complete, that was not created by WESTMED Medical Group, is not part of the medical information WESTMED Medical Group keeps, or is information I would not be permitted to inspect or copy.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative  
(Please Print)

\_\_\_\_\_  
If Personal Representative, Description  
of Personal Representative's Authority

**Please return form by using one of the methods listed:**

- ❖ Mail, addressed to: Compliance Officer, WESTMED Practice Partners, 2700 Westchester Avenue, Purchase, NY 10577
- ❖ Fax: 914-719-4707
- ❖ \*Email: [Compliance@westmedgroup.com](mailto:Compliance@westmedgroup.com)

Please note that in accordance with the HIPAA privacy rules, we have 60 days from the date we receive your request to issue a response.

*\*Disclaimer: Patients should carefully consider the use of email for the communication of protected health information (PHI) and should understand that there are known and unknown risks that PHI may be disclosed to, or intercepted by, unauthorized third parties. These risks include but are not limited to (i) the email being sent to the wrong person due to the sender's use of the wrong email address, (ii) e-mail service provider's ability to archive and inspect communications, and (iii) computer hacking and viruses.*