PURDUE UNIVERSITY®

HIPAA Compliance
At Purdue

REQUEST OF AMENDMENT OF PROTECTED HEALTH INFORMATION FROM AN INDIVIDUAL

Instructions:

1. **Please enter the information requested in Section 1 and mail or fax this form to:**

   The Office of Legal Counsel, 610 Purdue Mall, West Lafayette, IN 47907 Fax: 765-496-0340

2. The request will be reviewed by the Purdue University HIPAA Privacy Office and other University staff as necessary. The request form will be returned to the address specified, indicating whether the request for amendment is accepted or denied and listing any entities to whom Purdue has disclosed the individual's protected health information and who may have relied or could foreseeably rely on the information to the detriment of the individual.
3. If the amendment is approved by Purdue, please review the information provided by Purdue, sign the authorization in Section 3, and either mail or fax the form to the Office of Legal Counsel at the address specified on this form.
4. If the amendment is approved by Purdue, the affected entities listed on the form will be notified by Purdue University of the amendment to protected health information within 21 working days of receiving the signed form.
5. If the amendment is denied, you may exercise options listed below in Section 2.

Note: If you have questions regarding the completion of this form or about the determination of action resulting from this request, please contact the Office of Legal Counsel at (765) 496-9059 or at the address listed above.

Section 1: Patient / Employee Section

Name:	Date of Birth:
Address:	
Patient or Employee ID#:	Phone #:

If requested by other than patient or employee:

Printed Name:	*Relationship to Patient or Employee:*
Address:	

I hereby request that the employees of Purdue University amend my protected health information as described below:

Reason for request:

Entities which have received my protected health information from Purdue University and would need to receive the amendment:

Entity Name	Street Address	City	State / Zip	Phone

(OVER)

Section 2: Purdue University Staff Only

Date Request Received: _____

☐ Modification Accepted By: _____ Date: _____
Office of Legal Counsel

Entities identified by Purdue University who have received the individual's protected health information and may have relied or could foreseeably rely on the information to the detriment of the individual:

Entity Name	**Street Address**	**City**	**State / Zip**	**Phone**

☐ Amendment Request Denied By: _____ Date: _____
Office of Legal Counsel
Printed Name: _____

Reason for Denial:
The protected health information or record that is the subject of the request:

	Was not created by the covered entity and information has not been provided that indicates the originator of the protected health information is no longer available to act on the modification
	Is confidential and not available for access or modification
	Is not part of the HIPAA-covered health, billing or health plan record maintained by an entity by Purdue University
	Is accurate and complete

If your amendment request is denied, in whole or in part, you have the right to send a written statement disagreeing with the denial of all or part of the requested amendment and the basis for the disagreement. The statement should be sent to the Office of Legal Counsel at the address listed at the top of this form. If you do not file a written statement disagreeing with the denial, you may send a written statement to the Office of Legal Counsel requesting that Purdue University and its employees provide your request for amendment, the denial and any rebuttals from the covered entity, with any future disclosures of the protected health information that is the subject of the amendment.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your health information, you may file a complaint with our Office of Legal Counsel via telephone at (765) 496-9059 or via email at legalcounsel@purdue.edu. You also may send a written complaint to the Secretary of the Department of Health and Human Services. Further information about how to file a complaint is available from the Office of Legal Counsel. We will not punish you or retaliate against you if you file a complaint about our privacy practices.

Section 3: Patient / Employee Authorization

By signing below, I authorize Purdue University and its employees to amend my protected health information as described in Section 1 of this form. I further authorize Purdue University and its employees to inform and provide the amendment specified on this form to all of the entities listed above by me and by Purdue University.

Signed: _____ Date: _____

_____ _____
Printed Name of Individual or Personal Representative Relationship to Individual

Please sign above and mail or fax this form to the Office of Legal Counsel at the address specified in the "Instructions" section at the top of this form.