Request for Amendment of Protected Health Information

KAISER PERMANENTE®

Protected Health Information includes medications, health conditions, etc. **Please do not use this form to update your address or phone number.** You can fill out an address change request form online at **members.kp.org**.

Patient name: _____ Health record number: _____

Patient address: _____

Home phone: _____ Work phone: _____ Date of birth: _____

I have received my protected health information. I believe that some of this information is not correct. I would like changes made for the following service dates and for the following reasons.

Please correct or add the following information to my health information for the dates listed above. (For some changes, such as immunizations, documentation or other proof may be required.)

(Use reverse side if needed.)

_____ _____

Signature of patient or legal representative Date

Note: Verification of authority to make request may be required

I understand that Kaiser Permanente may or may not add this addendum to my protected health information based on my request and under no circumstances is able to alter the original documentation of the protected health information. Nevertheless, this request for an addendum will be made part of my permanent protected health information and will be sent as part of my designated record set in response to any authorized requests for my medical information.

Send this form via email to: **nw.roi.amendments@kp.org**.

Or send via postal mail to: Kaiser Permanente Northwest
Attn: Release of Information Deparment
500 NE Multnomah St., Suite 100
Portland, OR 97232-2099

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