



Lifetime Insight, LLC
440 Regency Parkway Dr., Suite 136
Omaha, NE 68114
Office: 402-934-7404
Fax: 402-909-0196

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name:

Date of Birth:

Patient Address:

Street and Apartment Number

City, State, Zip

Type of Entry to be Amended:

Visit note

Hospital note

Prescription information

Nurse note

Patient history

Please explain how the entry is inaccurate or incomplete:

Please specify what the entry should say to be more accurate or complete. explain how the entry is inaccurate or incomplete:

(Signature of Patient)

(Date)

(Signature of guardian or authorized representative)

(Relationship to patient)



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FOR INTERNAL PURPOSES ONLY:

Amendment has been Accepted Denied Denied in part, Accepted in part

If denied (in whole or in part), check the reason for denial:

- PHI was not created by this organization
- PHI is not available to the patient for inspection in accordance with the law
- PHI is not a part of patient’s designated record set
- PHI is accurate and complete

Comments from physician who provided service:

(Name of Staff Member Completing the form) (Title)

(Signature of Physician Who Provided Service) (Date)

*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the practice, Attn: Roni Mor, Privacy Officer, 440 Regency Parkway Drive, Suite 136, Omaha, NE 68114. If you do not provide us with a statement of disagreement, you may request that we provide your original request for amendment and our denial with any future disclosures of the PHI that is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Officer (Roni Mor, 402-934-7404) or the Secretary of the U.S. Department of Health and Human Services.

***PRACTICE MUST INFORM PATIENT THAT A WRITTEN REQUEST IS REQUIRED, AND THAT THE PATIENT IS REQUIRED TO PROVIDE A REASON TO SUPPORT THE REQUESTED CHANGE.**