

**REQUEST FOR AMENDMENT OR ADDENDUM  
TO PROTECTED HEALTH INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of entry to be amended: \_\_\_\_\_

Type of entry to be amended: \_\_\_\_\_

Specific reason for amendment or addendum:

---

---

---

I understand that the UCI Student Health Center may deny my request if the protected health information: 1) was not created by the UCI SHC, 2) is not part of the medical information kept by or for UCI SHC, 3) is not part of the information which I would be permitted to inspect and copy (such as psychotherapy notes); or 4) is accurate and complete in the record.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

**----- For UCI SHC Use Only -----**

Date Received: \_\_\_\_\_ Amendment has been  Accepted  Denied

- If denied, check reason for denial:
- Phi was not created by UCI SCH
  - PHI is not kept by or for UCI SHC
  - PHI is not available to patient for inspection as required by law
  - PHI is accurate and complete

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SHC Medical Director's Signature of Approval

\_\_\_\_\_  
Date

