CATALYST
Medical Group

VALLEY MEDICAL CENTER
2315 8th Street
Lewiston, ID 83501
(208) 746-1383

LEWISTON ORTHOPEDICS
320 Warner Drive
Lewiston, ID 83501
(208) 743-3523

Patient Name (First, Middle Initial, Last)			
Date of Birth	Phone Number		
Address	City	State	Zip Code
Medical Record Number (Optional)	Date of Entry to Be Amended		

Please explain in detail, how the entry is incorrect or incomplete _____

_____

_____

What should the entry say to be more accurate or complete? _____

_____

_____

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past?
☐ Yes ☐ No

If yes, name of the organization or individual			
Address	City	State	Zip Code

Signature of Patient or Legal Representative	Printed Name	Date

For Administrative Use Only

Staff Initials _____

Date Received _____

Amendment has been:

☐ **Approved**
Documentations have been corrected in patient chart.

☐ Routed to Clinician ☐ Called patient if needed

☐ Received from Clinician Date response letter sent to patient _____

☐ **Denied**
Reason for denial:
- ☐ Information was created by this organization
- ☐ Information is not part of the patient's designed record set
- ☐ Information is not available to the patient for inspection
- ☐ Information is accurate and complete as required by federal law (e.g., psychotherapy notes)

Comments of Healthcare Provider _____

_____

Signature of Healthcare Provider	Printed Name/Credentials (MD, etc.)	Date

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Request for Correction Amendment of Health Information Form

The Request for Amendment applies to your right to request that Catalyst Medical Group amend your medical record. An amendment is included in your medical record, but it does not change a record. Catalyst Medical Group has the legal right to accept or deny the request. Review the following to understand your rights as a patient requesting an amendment. This document also explains Catalyst Medical Group's rights in compliance with federal regulations referred to as the HIPAA regulations.

Your request must be submitted in writing to the address below.

Catalyst Medical Group
2315 8th Street
Lewiston, ID 83501
Tel (208) 746-1383
Fax (833) 941-3874

You must provide a reason for your request. The attached form can be used to document your request. Additional pages can be added if the form does not provide enough space to detail the requested change(s). Your request will be processed and sent to your provider for approval or denial.

Catalyst Medical Group has 60 days to respond to your request. We will begin the 60 days after receipt of your written request in the Health Information Management department. We intend to respond in that time; however, by law we are allowed a 30-day extension. You will receive a written letter within the 60-day time frame if an extension becomes necessary, along with an explanation for the extension.

If approved:

- You will receive notification by letter.
- Catalyst Medical Group will attach the appropriate amendment to the record that was the subject of the request.
- You have the right to inform Catalyst Medical Group of the names and addresses of persons who have received the record to be amended; Catalyst Medical Group will make reasonable efforts to inform them of the amendment.

If denied:

- You will receive notification by letter, including the reason(s) for denial.
- You may submit a written statement disagreeing with the denial which we will keep on file as part of your record. Your statement of disagreement will be included in future disclosures of your records that are the subject of your amendment request.
- If you choose not to submit a disagreement statement, you may request Catalyst Medical Group provide a copy of the request, along with the denial, with any future disclosures of this specified record.

If you have further questions, please call the Health Information Management Department at (208) 746-1383.