



Nicklaus Children's Health System
3100 S.W. 62nd Avenue, Miami, FL 33155

PROTECTED HEALTH INFORMATION AMENDMENT/CORRECTION REQUEST

Patient Information for Requested Amendment:

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Information to be Amended or Corrected:

Correction Requested:

Support for Requested Amendment:

[Required only if the organization requires patients to provide a reason to support a requested amendment.]

You will receive a response to your request within sixty (60) days.

If Nicklaus Children's Health System is unable to respond to your request within sixty (60) days of receiving it, you will receive a statement within those sixty (60) days letting you know when you will receive a response. In any case, you will receive a response within no more than ninety (90) days of your original request.

You will not be required to waive your right to request an amendment as a condition of the provision of treatment, payment or eligibility for benefits.

There will be no retaliatory action taken against any patient for exercising her/his right to request an amendment.

PRINT NAME OF PATIENT/PARENT/GUARDIAN

SIGNATURE OF PATIENT/PARENT/GUARDIAN

DATE

