



KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Request for Amendment of Protected Health Information (PHI)

If you are requesting that Kern Behavioral Health and Recovery Services (KernBHRS) amend the record of your health information, please consider:

- KernBHRS cannot amend records that it did not create.
- KernBHRS will only amend records if they are found to be incomplete or inaccurate.
- KernBHRS cannot amend records to which you have no access.

INSTRUCTIONS: To request an amendment, complete the top portion of this form. Please attach any information you have to support your request. Mail the completed form to: **Privacy Officer, c/o KernBHRS, P.O. Box 1000, Bakersfield, CA 93302.** The Privacy Officer may contact you to request additional information.

Today's Date:	Medical Record #:
Client Name:	Contact Phone Number:
Social Security #:	Date of Birth:
Name of Person requesting information (if client served is a minor):	Relationship (if Requestor is different from self) <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Attorney <input type="checkbox"/> Other:
Last Treatment Team (if known):	Last Case Manager (if known):

How do you want to receive this information?		<input type="checkbox"/> Mail (please complete mailing address below)	<input type="checkbox"/> Pick up (please ensure contact phone number is provided for notification)
Mailing address of where information may be sent:		Name(s) of authorized person(s) to receive information (Please complete or ensure there is an active Release of Information for all individuals or organizations you are requesting receive this information. KernBHRS will not release records if there is not a valid release on file.):	
Street Address or P.O. Box			
City	State	Zip	

I am asking for the following amendment to the record of my health information: (be specific)

I am asking for this amendment for the following reason(s): (be specific)

Signature: _____ **Date:** _____

(See other side for Client's rights information)

DO NOT WRITE BELOW THIS LINE

FOR KERNBHRS USE ONLY

Approved _____

Denied _____

Delayed _____

If delayed, we will act on your request by _____.

Comments: _____

KernBHRS Representative Signature

Date

Your right to request an amendment to your information:

- ❖ You have a right to request an amendment to your information maintained in KernBHRS records.
- ❖ KernBHRS must respond to your request within 60 days, but may extend its response for an additional 30 days, if you are informed of the reasons for the delay.
- ❖ KernBHRS will make a determination whether to approve or deny your request.
- ❖ Any time your record is shared, both your statement and KernBHRS' response will be included, when relevant.
- ❖ If you disagree with the decision, you may appeal the determination to the Privacy Officer. KernBHRS will retain this statement with your record.

You have a right to file a privacy complaint:

- ❖ Clients can file a privacy complaint with either KernBHRS or with the U.S. Department of Health and Human Services, Office for Civil Rights.
- ❖ Privacy complaints may be directed to any of the following:

Verbal or written to:

CONFIDENTIAL
Privacy Officer
Kern Behavioral Health and Recovery Services
P.O. Box 1000
Bakersfield, CA 93302
Phone: 888-875-5559

In writing within 180 days of the violation to:

U.S. Department of Health and Human Services
Office for Civil Rights
Humbert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, D.C. 20201