Washington State Department of Social & Health Services
Transforming lives

Protected Health Information (PHI) Amendment

NAME	DATE OF BIRTH	CLIENT ID NUMBER	OTHER ID NUMBER

MAILING ADDRESS

TELEPHONE NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS

Please fill out and return to DSHS Staff

DATE OF RECORD TO BE AMENDED	TYPE OF AMENDMENT
	☐ Addition ☐ Deletion ☐ Substitution to the record

Please explain what the information in your records should say to be more accurate or complete. If you need additional space, please include a separate page.

DSHS will review your request and respond within 30 business days. A copy of your request will be added to your record.

List any organization or individuals to be notified if a change is made to your record:

SIGNATURE OF CLIENT OR PERSONAL REPRESENTATIVE	DATE

For DSHS Use ONLY

DATE RECEIVED	AMENDMENT HAS BEEN:
	☐ Accepted ☐ Denied ☐ The review of this request for amendment has been delayed. Your request will be processed by the following date _____ (not later than 60 business days after the request is received by DSHS).

REASON FOR DENIAL

- ☐ PHI is not part of the client record.
- ☐ PHI was not created by this organization.
- ☐ PHI is accurate and complete.
- ☐ PHI is not available to the client for inspection as required by federal law (e.g., psychotherapy notes).
- ☐ Other:

NAME AND TITLE OF STAFF MEMBER	DATE