

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION



Satinder Gill, M.D. | Hiwot Desta, M.D.
Rahul Kataria, M.D. | Hani Sabahi, M.D.
Colleen Nappi, CFNP | Ndeye Kone PA-C
19455 Deerfield Ave., Suite 201 | Lansdowne, VA 20176
(P) 703.723.3670 | (F) 877.325.2018



You have a right to request an amendment of your protected health information (PHI). Please see the Notice of Privacy Practices or contact The Colon, Stomach and Liver Center's Privacy Officer at (703) 723-3670 extension 210 for more information.

Patient Information:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ Work/Cell Number: _____

Amendment:

___ I am a patient of The Colon, Stomach and Liver Center requesting an amendment to my protect health information

___ I am a personal representative of a patient of The Colon, Stomach and Liver Center (*If you are an authorized representative, other than a parent or minor, you will need to provide documentation or an explanation of your authority to act for the patient*)

I would like to request an amendment to the following information: _____

The information should be amended in the following manner: _____

I believe this information should be amended because (required): _____

I understand that The Colon, Stomach and Liver Center will agree to my requested amendment unless it may deny the request under applicable law

Patient/Representative Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Date Sent: _____

Extension Requested: No Yes, Reason _____

Patient Notified on This Date: _____

Staff Member Processing Request: _____