

# REQUEST TO CORRECT OR AMEND PROTECTED HEALTH INFORMATION

Please Fax or Mail Your Completed Form to:

Fax: (360) 449-1146

Mail: Rebound Orthopedics & Neurosurgery, Attn: Medical Records, 200 NE Mother Joseph Place, Suite 210, Vancouver, WA 98664

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

I request to change my record.

Please explain what the information in your record should say to be more accurate or complete. If you need additional space, please include a separate page. Date of entry in record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's or Legally Authorized Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient If Signed on Patient's Behalf (Parent, Legal Guardian, Personal Representative): \_\_\_\_\_

We will review your request and respond within sixty (60) days of receiving your request. A copy of your request will be added to your record. If we grant your request, we will send changes to anyone you identify and to anyone who received the information in the past and who needs to know about the change.

To Be Completed by the Practice/Healthcare Facility:

Date Received: \_\_\_\_\_ Correction/Amendment Has Been:  Accepted  Denied

The review of this request for correction/amendment has been delayed.

Your request will be processed by the following date: \_\_\_\_\_

(No later than 90 days after the request.)

**If Denied, Check Reason for Denial:**

The existing health information is accurate and complete.

This request does not pertain to the patient's medical and financial records.

Due to federal and state laws, this health information is not available and therefore cannot be amended or corrected.

This health information was not created by this organization.

The record no longer exists or cannot be found.

The record is not maintained by this organization.

Name of Reviewing Department or Position: \_\_\_\_\_ Date: \_\_\_\_\_

**A Division of Northwest Surgical Specialists, P.C.**

200 NE Mother Joseph Place, Suite 210, Vancouver, WA 98664

Phone: (360) 254-6161

Fax: (360) 449-1146

[www.reboundmd.com](http://www.reboundmd.com)



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