



502 Elm Street NE
Albuquerque, New Mexico 87102
505-841-1000 www.nmhi.com

DOB: _____
SS#: _____

HIPAA PF-6000 Request to Amend Protected Health Information

I, _____, request that New Mexico Heart Institute, P.A. change/amend my medical record, which contains protected health information, because:

(Explain what is to be changed/amended and why.)

For my medical record or information to be complete/accurate, it should say:

Patient signature: _____

Printed name: _____

Date: _____

If your request is granted, New Mexico Heart Institute, P.A. shall amend the records we maintain and provide the amendment to prior recipients of the information.

If your request is denied, you have the following rights:

- You may submit a written statement of disagreement, which will become part of your records and which will be disclosed to any subsequent recipients of the information.
- If you do not submit a statement of disagreement, you may request that New Mexico Heart Institute, PA include the original request for amendment and the denial in any future disclosure of the information to any subsequent recipients of the information.
- You may file a complaint with New Mexico Heart Institute, PA concerning the request for amendment by completing the form we have designated for such purpose (PF-8000). The form is available at the reception desk.

New Mexico Heart Institute's Comments:

(must be

taken within 60 days of the receipt of the request)

- Request approved without change.
- Request denied for the following reason:
 - Information is not part of your designated record set.
 - The information is accurate and complete.
 - Under HIPAA, you are restricted from accessing or amending this information.
 - Other _____

Practice requests a 30-day extension to respond due to: _____

Signature _____ Date _____

On _____ (date) _____ (name of patient) filed a statement of disagreement to New Mexico Heart Institute's denial of their request for amendment dated _____.

New Mexico Heart Institute, PA responds to this statement of disagreement as follows:

Signed by: _____ Date: _____