

**EAST CAROLINA UNIVERSITY  
HEALTH CARE COMPONENTS  
REQUEST FOR AMENDMENT OF  
PROTECTED HEALTH INFORMATION  
Page 1 of 2**

**NOTICE TO PATIENT:** Your request for amendment of your protected health information (PHI) is **only** applicable to the information maintained by:

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**[Please insert specific Health Care Component, i.e. ECU Physicians]**

If you would like to amend your PHI maintained by any other Health Care Component of East Carolina University, a separate request shall be submitted for that area.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**REQUESTED AMENDMENT:**

I request that you amend (describe the information you would like amended):

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I would like this information amended because (state specific reason for amendment):

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If this request is approved, are there other health care providers, individuals, or organizations that you authorize us to notify of this amendment. Please identify these:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(of Patient, Parent, Guardian or Personal Representative)

Please Print Name of Patient, Parent, Guardian or Personal Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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**REQUEST APPROVED:**

**By:** \_\_\_\_\_  
Signature Title/Location Date

**REQUEST DENIED:**

**By:** \_\_\_\_\_  
Signature Title/Location Date

**Reason for Denial:**

The information was not created by the physician or clinic for which you submitted the request. You should contact:

\_\_\_\_\_  
\_\_\_\_\_

The information is not part of your Designated Record Set

The information is not available for inspection pursuant to the University's Policy regarding individual access because:

\_\_\_\_\_  
\_\_\_\_\_

The information is accurate and complete.

**If your request for an amendment to your PHI is denied, you may submit a written statement of your disagreement with the denial. Send the statement of disagreement to:**

\_\_\_\_\_  
[Insert Name of Health Care Component]

\_\_\_\_\_  
[Insert Title of Designated Official](Ref: Denial of Request to Amend PHI)

\_\_\_\_\_  
[Insert Department/School]

\_\_\_\_\_  
[Insert Address]

\_\_\_\_\_  
[Insert City, State, Zip Code]

(The above section should be filled out internally)

If you do not submit a written statement disagreeing with the denial, you may request, in writing, that we provide your request for amendment and our denial with any future uses or disclosures of your protected health information. This request should be submitted to the above address within sixty (60) days of receiving the notice of denial.

You may make a complaint to the ECU HIPAA Privacy Officer regarding the denial of your amendment by contacting:

ECU Privacy Officer  
East Carolina University  
Physicians Quadrangle N  
600 Moye Blvd – MS #676  
Greenville, NC 27834  
Phone: 242-744-5200 [Email: HealthCarePrivacy@ecu.edu](mailto:HealthCarePrivacy@ecu.edu)

You may also send a written complain to the Secretary, Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.