



## Request for Amendment of Protected Health Information (PHI)

If you are requesting for an amendment to Kern County Mental Health System of Care (KCMH) record of your health information, please consider:

- KCMH cannot amend records that it did not create.
- KCMH will only amend records if they are found to be incomplete or inaccurate.
- KCMH cannot amend records to which you have no access.

**INSTRUCTIONS:** To request an amendment, complete the top portion of this form. Please attach any information you have to support your request. Mail the completed form to: Privacy Officer, c/o KCMH, P.O. Box 1000, Bakersfield, CA 93302. The Privacy Officer may contact you to request additional information.

<b>Today's Date:</b>	
<b>Name:</b>	<b>Medical Record #:</b>
<b>Social Security #:</b>	<b>Date of Birth:</b>
<b>Last Treatment Team (if known):</b>	<b>Last Case Manager (if known):</b>

<b>How do you want to receive this information?</b>	<input type="checkbox"/> Mail (please complete mailing address below) <input type="checkbox"/> Phone (    )    -
<b>Mailing address of where information may be sent:</b>	
Street Address or P.O. Box	
City	State
	Zip

**I am asking for the following amendment to the record of my health information: (be specific)**

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**I am asking for this amendment for the following reason(s): (be specific)**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(See other side for Client's rights information)  
DO NOT WRITE BELOW THIS LINE FOR KCMH USE ONLY

- Approved** \_\_\_\_\_
- Denied** \_\_\_\_\_
- Delayed** \_\_\_\_\_

If delayed, we will act on your request by \_\_\_\_\_.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
KCMH Representative Signature

\_\_\_\_\_  
Date

**Your right to request amendments to your information:**

- ❖ You have a right to request amendments to your information held in KCMH files.
- ❖ KCMH must respond to your request within 60 days, but may extend its response for 30 days if they inform you of the reasons for the delay.
- ❖ KCMH will make a determination whether to approve or deny your request.
- ❖ Anytime your record is shared, both your statement and KCMH's answer will be included, when relevant.
- ❖ If you disagree with the answer, you may appeal the determination to the Privacy Officer. KCMH will keep this statement with your record.

**You have a right to file a privacy complaint:**

- ❖ Clients can file privacy complaints with either KCMH or with the U.S. Department of Health and Human Services, Office for Civil Rights.
- ❖ Privacy complaints may be directed to any of the following:

Verbal or written to:

**CONFIDENTIAL**  
**Privacy Officer**  
Kern County Mental Health  
P.O. Box 1000  
Bakersfield, CA 93302  
Phone: 888-875-5559

In writing within 180 days of the violation to:

**U.S. Department of Health and Human Services, Office for Civil Rights**  
Medical Privacy, Complaint Division  
200 Independence Avenue, SW  
HHH Building, Room 509H  
Washington, D.C. 20201