

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH  
*Request to Amend Protected Health Information*

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Name:

Other Name(s) :

Address:

Phone:

Social Security #:

Date of Birth:

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Please explain which Protected Health Information (PHI) is inaccurate or incomplete (include location[s] of PHI and date[s] of entry).

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Indicate what changes you would like. \_\_\_\_\_

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If the Department of Mental Health (DMH) agrees to this amendment, would you like DMH to send the amendment to any individual(s) or organization(s) who was provided the PHI in the past? Yes:  No:

If yes, name(s) and address(es):

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\_\_\_\_\_  
Your signature or Personal Representative's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of signer

THE FOLLOWING INFORMATION IS NEEDED IF SIGNED BY A PERSONAL REPRESENTATIVE

Type of authority (e.g., court appointed, custodial parent): \_\_\_\_\_

DMH will consider your request and inform you in writing of its decision to accept or deny your amendment. Please be aware that the original PHI may not be changed. However, the amendment will become part of your permanent record and will be included with any disclosure of the PHI.

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COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH  
**Request to Amend Protected Health Information** (continued)  
For DMH Use

Date request received: \_\_\_\_\_

DMH location where request received: \_\_\_\_\_

Coordination required with the following DMH locations: \_\_\_\_\_

**Timeframe**

Workforce Members must respond to a request within 60 days of its receipt. If more time is needed, an extension letter must be provided to the requester within 60 days after receiving the request and a response must be provided within the next 30 days.

**Review Decision**

\_\_\_ Approved

\_\_\_ Approved in part and denied in part. Specify the part denied: \_\_\_\_\_

\_\_\_ Denied

**Denied for the following reason(s):**

- Request not made by the correct individual or in the proper form
- Personal Representative's authority to act on the individual's behalf was not stated or verified
- PHI was not created by DMH. It was created by: \_\_\_\_\_
- DMH policy does not permit you to inspect the PHI
- PHI cannot be amended under DMH policy (e.g., psychotherapy notes, x-rays)
- PHI is not part of individual's Designated Record Set
- PHI is accurate and complete

Fact-finding Summary: \_\_\_\_\_

**Required Signatures**

Medical Director, or designated licensed health care professional, must sign if PHI is maintained in a medical record.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Administrator-in-Charge must sign all requests.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*If multiple DMH locations are involved, multiple signatures are required.

Requester was informed of decision in writing on \_\_\_\_\_.