

# **Patient Rights Under HIPAA**

## **Amendment to Health Information**

*This information is to help you understand your rights under federal privacy regulations, the Health Insurance Portability and Accountability Act, or HIPAA. This page focuses on your right to request an amendment to your health information.*

### **You have the right to request an amendment:**

- ✓ If you feel that medical or health information that we have about you is incorrect or incomplete, you may ask us to amend the information.
- ✓ You have the right to request an amendment for as long as the information is kept by or for the institution.

### **How to request an amendment:**

- ✓ To request an amendment, your request must be made in writing on a designated form.
- ✓ You must provide a reason for your request.

### **We are not required to accept your request:**

- ✓ We may deny your request for an amendment if it is not in writing or does not include a reason for the request.
- ✓ We may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the information kept by or for the institution;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete as it is.
- ✓ If we deny your request to amend the information, we will notify you in writing.

*To request an amendment, please ask the staff for a form, or you may download a form from our website at [www.uthscsa.edu/hipaa/forms/requestcorrection-amendmentofhealthinf.pdf](http://www.uthscsa.edu/hipaa/forms/requestcorrection-amendmentofhealthinf.pdf).*