STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
REQUEST FOR AMENDMENT/CORRECTION OF PROTECTED HEALTH INFORMATION

INDIVIDUAL'S NAME	REQUEST DATE	
STREET ADDRESS	BIRTH DATE	SOCIAL SECURITY NUMBER
CITY/STATE/ZIP CODE	OTHER IDENTIFIER (E.G., DCN)	

WHAT PROTECTED HEALTH INFORMATION (PHI) NEEDS TO BE AMENDED/CORRECTED AND WHY

ENTRY TO BE AMENDED

DATE AND AUTHOR OF ENTRY

PLEASE EXPLAIN HOW THE INFORMATION IS INCORRECT OR INCOMPLETE. WHAT SHOULD THE INFORMATION STATE TO BE MORE ACCURATE OR COMPLETE?

WOULD YOU LIKE THIS AMENDMENT SENT TO ANYONE TO WHOM WE MAY HAVE DISCLOSED THIS INFORMATION IN THE PAST? IF SO, PLEASE SPECIFY THE NAME AND ADDRESS OF THE ORGANIZATION OR INDIVIDUAL.

NAME(S)	ADDRESS(ES)

I understand that DSS may or may not amend my health information based on my request, and under no circumstance is DSS permitted to alter my original health record. In any event, this request for an amendment will be made part of my case file.
NOTE: If this request is denied, you may submit a written statement of disagreement to the DSS Privacy Officer, PO Box 1527, Jefferson City, MO 65102 for review. You may also file a complaint with the Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 601 East 12th Street, Room 248, Kansas City, MO 64106.

INDIVIDUAL OR INDIVIDUAL'S PERSONAL REPRESENTATIVE SIGNATURE	DATE

BELOW TO BE COMPLETED BY EMPLOYEE RECEIVING REQUEST

DATE RECEIVED	EMPLOYEE NAME	DIVISION/COUNTY
EMPLOYEE SIGNATURE		DATE

☐ **AMENDMENT IS ACCEPTED**
If accepted, follow instructions in next block and disregard remainder of form. If amendment also covers different divisions, the Divisional Privacy Officer will coordinate.
☐ Checkmark that a copy of completed form has been provided to individual, a copy sent to the Divisional Privacy Officer, and the original form placed in the individual's case file.

DENIAL OF AMENDMENT IS RECOMMENDED. Checkmark basis for recommendation and forward to the Divisional Privacy Officer.

☐ PHI was not created by this organization ☐ PHI is not part of individual's designated record set
☐ PHI is not available to the individual for inspection as permitted ☐ PHI is accurate and complete
by federal law (e.g., psychotherapy notes)

COMMENTS

DIVISIONAL PRIVACY OFFICER DETERMINATION

☐ **Amendment is Accepted.** If accepted, return a copy of completed form to the individual and send original to the employee to make the amendment and to place in the individual's case file. If amendment covers different offices/divisions, refer to the DSS Privacy Officer for coordination.

☐ **Amendment is Denied.** If denied, send a copy of completed form to the individual and the DSS Privacy Officer. Send the original to the employee to place in the individual's case file.

DIVISIONAL PRIVACY OFFICER SIGNATURE	DIVISION	DATE

MO 886-4457 (11-2024)