

**REQUEST FOR AMENDMENT OF
PROTECTED HEALTH INFORMATION**



MSU Health Care
MICHIGAN STATE UNIVERSITY

Patient Name: _____ Date of Birth: _____

Address: _____ Phone Number : _____

What information are you requesting to be amended? _____

What is your reason for making this request? _____

If you would a copy of your medical records, please complete the "Patient Authorization for Disclosure of Health Information" form available on the www.HealthTeam.MSU.edu website or by calling the Health Information Management office at (517) 353-4905.

I acknowledge that the health care provider may or may not supplement the medical record with an amendment based on my request, and under no circumstances is able to alter the original documentation of the medical record. This request for an amendment will be made part of my permanent medical record and will be sent to individuals/organizations identified above.

Patient Signature: _____ Date: _____

RETURN THE COMPLETED FORM TO:

MSU HealthTeam Privacy Officer
West Fee Hall MSU
909 Fee Road
East Lansing, MI 48824-1315

For MSU HealthTeam Use Only

Date Request Received: _____ MRN Number: _____

(Circle One) Accepted Denied. Reason for Denial: _____

Comments: _____

Signature of Author/Provider: _____

Date amendment was documented: _____

Date patient was notified: _____

Date amended information was sent (see above);_ _____

Comments: _____

NON-DISCRIMINATION NOTICE

Michigan State University (MSU) HealthTeam complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MSU HealthTeam does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MSU HealthTeam provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and free language interpretation services to people whose primary language is not English. If you need these services, contact the manager of your physician's office.

Filing a grievance

If you believe that MSU HealthTeam has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Institutional Equity

4 Olds Hall
East Lansing, MI 48824

Phone: (517) 353-3922. | Fax: (517) 884-8513 | Email: oi@msu.edu

You can file a grievance in person or by mail, fax, email, or through the Public Incident Reporting Form. If you need help filing a grievance, OIE staff are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

LANGUAGE ASSISTANCE SERVICE AVAILABLE

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-886-3885 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساع
ملحوظة: إذا: 1-877-886-3885
كنت تتحدث العربية، فستتوفر لك خدمات
المساعدة اللغوية مجاناً. اتصل بالرقم

(TTY:711)

注意: 如果您使用繁體中文, 您可以免費獲得
語言援助服務。請致電 1-877-886-3885 (TTY : 711) 。

توجه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات
المساعدة اللغوية مجاناً. اتصل بالرقم 1-877-886-3885 (TTY : 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các
dịch vụ hỗ trợ ngôn ngữ miễn phí dành
cho bạn. Gọi số 1-877-886-3885 (TTY:
711).

KUJDES: Nëse flitni shqip, për ju ka në
dispozicion shërbime të asistencës
gjuhësore, pa pagesë. Telefononi në 1-
877-886-3885 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원
서비스를 무료로 이용하실 수 있습니다. 1-
877-886-3885 (TTY: 711)번으로 전화해
주십시오.

লক্ষ্য করনঃ যিদ আপিন বাংলা, কথা বলেত
পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা
পিরেষবা উপলব্ধ আছ। েফান করন ১-
8778863885 (TTY: 711)

UWAGA: Jeżeli mówisz po polsku,
możesz skorzystać z bezpłatnej pomocy
językowej. Zadzwoń pod numer 1-877-
886-3885 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen,
stehen Ihnen kostenlos sprachliche
Hilfsdienstleistungen zur
Verfügung. Rufnummer: 1-877-886-3885
(TTY: 711).

ATTENZIONE: In caso la lingua parlata
sia l'italiano, sono disponibili servizi di
assistenza linguistica gratuiti. Chiamare
il numero 1-877-886-3885 (TTY: 711).

注意事項: 日本語を話される場合、無料の言
語支援をご利用いただけます。1-877-886-
3885 (TTY:711) まで、お電話にてご連絡
ください。

ВНИМАНИЕ: Если вы говорите на русском
языке, то вам доступны бесплатные услуги
перевода. Звоните 1-877-886-3885
(телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-
hrvatski, usluge jezičke pomoći
dostupne su vam besplatno. Nazovite 1-
877-886-3885 (TTY- Telefon za osobe sa
oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng
Tagalog, maaari kang gumamit ng mga
serbisyo ng tulong sa wika nang walang
bayad. Tumawag sa 1-877-886-3885
(TTY: 711).