

19238 Stonehue	J. Laura Arnold, M.D.
San Antonio, TX 78258	Richard T. Schlosberg IV, M.D.
Tel. (210) 494-2223	M. Suzanne Basey, M.D.
Fax (210) 494-2631	Kristin M. Wilke, M.D.
	Jessica M. Gonzalez, M.D.
2200 Roy Richard Dr.	Steven R. Fischer, M.D.
Schertz, TX 78154	James A. Hyslop, M.D.
Tel. (210) 566 - 4777	Samuel D. Tressler III, M.D.
Fax (210) 566-4779	Nicolas N. Guerra, M.D.
	Susannah L. Simone, M.D.
1423 N. Walnut Ave Suite #103	Esther Y. Johnson, M.D.
New Braunfels, TX 78130	Suzanne E. Hood, D.O.
Tel. (830) 214-6708	Melissa A. Garcia, M.D.
Fax. (830) 358-7711	Michelle Wheeler, CPNP

www.abcdpediatrics.com

Request for Correction/Amendment of Protected Health Information

Patient Name:		_ Date of Birth:	
Stree	et		
Apa	rtment #		
City	, State, Zip		
Type of Entry to be An	mended:		 Visit Note Nurse Note Hospital Note Prescription Information Patient History
Please explain how the	e entry is inaccurate or incomplete:		
Please Specify what the	e entry should say to be more accurate of	or complete:	
Signature of Patient or	legal Guardian	Date	
Amendment has been:	 ☐ Accepted ☐ Denied ☐ Denied in Part, Accepted in part 		
If Denied (in whole or	in part)* Check reason for denial:		
	ed byt his organization e to the patient for inspection in accorda	nce with the law	

□ PHI is not part of the patints designated Record set

Comments from healthcare provider who provided service:		
Name of Staff Member Completing Form:	Title:	
Signature of Healthcare Provider who Provided Service	Date	

*If your request has been denied, in whole or part, you have the right to submit a written statement disagreeing with the denial to the practice, Attn: Privacy Officer at ABCD Pediatrics, 19238 Stonehue San Antonio, Texas 78258. If you do not provide us with a statement of disagreement, you may request that we provide to you copies of your original request for amendment and our denial with any future disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

*PRACTIVE MUST INFORMS PATIENT THAT A WRITTEN REQUEST IS REQUIRED, AND THAT THE PATIENT IS REQUED TO PROVIDE A REASON TO SUPPORT THE REQUESTED CHANGE.