

REQUEST TO AMEND PROTECTED HEALTH INFORMATION



If we amend or change the information contained in your record, we will note the information you want to be corrected and list the correction. Information in your record will not be removed or obliterated.

Please change information contained in my records for the serv (check all that apply - see reverse for detail)	ices provided at the f	following:
□ Loma Linda University Children's Hospital (LLUCH) □ Loma Linda University Medical Center (LLUMC) □ Loma Linda University Health Care (LLUHC) □ Loma Linda University (LLU) □ Center for Health Promotion (CHP) □ Psychological Services Clinic □ Loma Linda University Behavioral Medicine Center (BMC	☐ Marriage & Family	ry 🗆 Osteoporosis Therapy
Please explain what protected health information you wish changed:		
Please explain why you want this change. You must provide a reason:		
We are required to notify you within 60 days if we decide to change you inform you that we need additional time (up to 30 extra days) to evalue Address for us to send this communication: Patient/Legal Representative: Street Address:	ate your request.	
Address for us to send this communication: Patient/Legal Representative: Street Address: City:	ate your request. State:	
Address for us to send this communication: Patient/Legal Representative: Street Address:	ate your request. State:	
Address for us to send this communication: Patient/Legal Representative: Street Address: City: Telephone#:	ate your request. State:	Zip code:
Address for us to send this communication: Patient/Legal Representative: Street Address: City: Telephone#: If we agree to change the health information as you requested, we will Please list the person(s) names and addresses below:	send the change to any	Zip code: person(s) you identify.
Address for us to send this communication: Patient/Legal Representative: Street Address: City: Telephone#: If we agree to change the health information as you requested, we will	send the change to any	Zip code: person(s) you identify.
Address for us to send this communication: Patient/Legal Representative: Street Address: City: Telephone#: If we agree to change the health information as you requested, we will Please list the person(s) names and addresses below: We will also send the amendment to other persons that we reasonably	send the change to any	Zip code: person(s) you identify.
Address for us to send this communication: Patient/Legal Representative: Street Address: City: Telephone#: If we agree to change the health information as you requested, we will Please list the person(s) names and addresses below: We will also send the amendment to other persons that we reasonably amended if they relied, or might in the future rely, on the information.	send the change to any	Zip code: person(s) you identify.



Loma Linda University Loma Linda University Medical Center Loma Linda University Children's Hospital Loma Linda University Health System

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 We do not have to change your pro We did not create the informunavailable to act on your re — 	ntected health information if: mation. An exception applies if equest to change it. If this exce	the person who created eption applies to you, ple	the information is ase explain:
 The information is accurate You do not have the legal ri The protected health information includes your medical and used to make decisions. 	e and complete. ght to access the protected hea mation you want changed is not billing records containing your	lth information you want part of the designated r protected health inform	t changed. ecord set. This ation that are
Last four digits of Social Security #	# :		
Patient/Legal Representative Signat	ure:	Date:	Time:
If Legal Representative, give relation	aship to patient:		
Interpreted by:	r 🚨 Qualified Bilingual Staff 🖵		
Interpreter Name (print)			
Interpreter Signature (if present)		Date	Time
Language Line Interpreter ID# (if app	licable)	Date	Time
When you have finished filling out	this form, please send it to the	address indicated below	<i>7</i> :
LLU Medical Center	101 East Redlands Blvd., Ste. 1200,	San Bernardino, CA 92408	(909) 651-4191
LLU Children's Hospital	101 East Redlands Blvd., Ste. 1200, San Bernardino, CA 92408		(909) 651-4191
LLUHC/LLU Faculty Practice Plan	11370 Anderson St., Ste. 2000, Lo	oma Linda, CA 92354	(909) 558-2805
LLU Behavioral Medicine Center	1710 Barton Rd., Redlands, CA 92	374	(909) 558-9250
Center for Health Promotion (CHP)	Evans Hall, 24785 Stewart St., Lon	na Linda, CA 92354	(909) 558-4594
☐Marriage & Family Therapy	Behavioral Health Institute (BHI),	1686 Barton Rd., Redlands C	CA 92373 (909) 558-9551
Psychological Services Clinic	Behavioral Health Institute (BHI),	1686 Barton Rd., Redlands C	EA 92373 (909) 558-9551
School of Dentistry	11092 Anderson St., Loma Linda, (CA 92354	(909) 558-4222



PATIENT IDENTIFICATION

For Internal Use Only	
Request for Amendment granted in whole or in part as follows:	
Request for Amendment denied as follows: We did not create the information The information is accurate and complete You do not have the legal right to access the protected healt The protected health information you want changed is not publishing records contationing your protected health information the	art of the designated record set (i.e., medical and
Additional Comments:	
Facility Representative Signature Date	
Tability Teeprosential to Signature	



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Loma Linda University Health Organized Health Care Arrangement Loma Linda University Medical Center (LLUMC) and Loma Linda University Childrens Hospital (LLUCH) includes (but is not limited to):

LLUMC	Clinical Laboratory	Outpatient Surgery Center
Loma Linda University Children's Hospital	Radiology	Outpatient Rehabilitation Center
Loma Linda University Medical Center, East Campus	Surgery Center for Dentistry (Dental Clinic)	Home Health Care
Loma Linda International Heart Institute	Loma Linda Kidney Center	Family Care Services
Loma Linda University Cancer Institute	Diabetes Treatment Center	Proton Treatment Center
Cardiac Diagnostic Laboratory	Urgent Care	Mountain View Pharmacy
Cardiovascular Laboratory	Pediatric Specialty Team Centers	Transplantation Institute
Radiation Medicine		

Loma Linda University Health Care (LL	UHC)/Loma Linda University Faculty P	ractice Plan includes (but not limited to):	
LLUHC Faculty Medical Offices:			
Allergy	Neuropsychology	Preventive Medicine	
Anesthesiology	Neurosurgery	Psychiatry	
Cardiology	Obstetric/Gynecology	Pulmonary	
Dermatology	Oncology/Hematology	Radiology	
Emergency Medicine	Ophthalmology	Rheumatology	
Endocrinology	Orthopedics	Surgery	
Family Medical Group	Pathology	Transplant	
Gastroenterology	Pediatrics	Urology	
Gerontology	Physical Medicine & Rehabilitation/ Pain	Neurology	
IVF		Loma Linda Rehab Clinic	
LLUHC Professional Plaza - Neurosurgery/Family Medicine	Loma Linda Orthopedic Medical Group	LLUHC Pediatrics - Redlands	
LLUHC Pediatrics - Highland	LLUHC Primary Care - Moreno Valley	LLUCH Internal Medicine - Moreno Valley	
LLUHC Medical Group - Sun City	LLUHC Pediatric - Moreno Valley	LLUHC Neuropsychology Center - Occupational Rehab	
	LLUHC Pain Control Center - Occupational Rehab	LLUHC Dermatology - Redlands	
LLUHC Physical Medicine Center - Occupational Rehab	LLUHC Occupational Health Center Professional Plaza	LLUHC Nephrology	
LLUHC Dermatology Upland Clinic	LLUHC Sports Medicine - Palm Desert	Geriatric	
LLUHC Psychiatry - Mountain View Cape Cod	LLUHC Psychology - Learning Spot/ Neuropsychological Assessment Program	Infectious Disease	
Marriage and Family Therapy			

Loma Linda University Behavioral Medicine Center (LLUBMC) includes (but not limited to):		
LLUBMC	Intensive Outpatient Program (IOP)	Partial Hospitalization Program
Eating Disorder Program	Recovery (Chemical Dependency)	Electroconvulsive Therapy (ECT)

Loma Linda University (LLU) include	des (but not limited to):	
School of Dentistry	Center for Health Promotion (CHP)	



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116-3006 (10-14)