



Tohono O'odham Nation Health Care

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

TONHC-917

PATIENT NAME DATE OF BIRTH CHART NUMBER

PATIENT ADDRESS Address City, State, Zip

DATE OF ENTRY TO BE CORRECTED/AMENDED INFORMATION TO BE CORRECTED/AMENDED

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Use additional sheets if needed and attach to this form.

If you agree, TONHC will make a reasonable effort to provide the amendment to the other persons who TONHC knows received the information in the past and who may have relied, or are likely to rely, on such information in a manner that may be detrimental to your health care.

I agree to allow TONHC to release any amended information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past? YES NO

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE DATE

SIGNATURE OF WITNESS DATE

FOR TONHC USE ONLY

DATE RECEIVED AMENDMENT HAS BEEN ACCEPTED DENIED

IF DENIED, CHECK REASON FOR DENIAL PHI is not part of the patient's designated record set Record is not available to the patient for inspection under Federal law TONHC did not create the record Record is accurate and complete

COMMENTS OF HEALTHCARE PROVIDER (If applicable)

SIGNATURE OF HEALTHCARE PROVIDER (if applicable) TITLE DATE

SIGNATURE OF CEO OR DESIGNEE DATE



Tohono O'odham Nation Health Care

**REQUEST FOR CORRECTION/AMENDMENT OF  
PROTECTED HEALTH INFORMATION**

TONHC-917

TONHC-917 BACK

**Instructions for Completing TONHC Form 917 -- Request for Correction/Amendment of Protected Health Information (PHI)**

1. Print legibly in all fields using dark permanent ink.
2. Section I, print your name or the name of patient whose information is to be released.
3. Section II, print the name and address of the facility releasing the information. Also, provide the name of the person, facility, address and fax number (if possible) that will receive the information.
4. Section III, state the reason why the information is needed, e.g., disability claim, continuing medical care, legal, research-related projects, etc.
5. Section IV, check the appropriate box as applicable.
  - a. **Only information related to** -- specify diagnosis, injury, operations, special therapies, etc.
  - b. **Only the period of events from** -- specify date range, e.g., Jan. 1, 2016, to Feb. 1, 2016.
  - c. **Other (specify)** -- e.g., CHS, Billing, Employee Health.
  - d. **Entire Record** -- complete record including, if authorized, the sensitive information (alcohol and drug abuse treatment/referral, sexually transmitted diseases, HIV/AIDS-related treatment, and mental health other than psychotherapy notes).
  - e. **IN ORDER TO RELEASE SENSITIVE INFORMATION REGARDING ALCOHOL/DRUG ABUSE TREATMENT/REFERRAL, HIV/AIDS-RELATED TREATMENT, SEXUALLY TRANSMITTED DISEASES, MENTAL HEALTH (OTHER THAN PSYCHOTHERAPY NOTES), THE APPROPRIATE BOX OR BOXES MUST BE CHECKED BY THE PATIENT.**
  - f. **Psychotherapy Notes ONLY -- IN ORDER TO AUTHORIZE THE USE OR DISCLOSURE OF PSYCHOTHERAPY NOTES, ONLY THIS BOX SHOULD BE CHECKED ON THIS FORM. AUTHORIZATIONS FOR THE USE OR DISCLOSURE OF OTHER HEALTH RECORD INFORMATION MAY NOT BE MADE IN CONJUNCTION WITH AUTHORIZATIONS PERTAINING TO PSYCHOTHERAPY NOTES.**
  - g. **IF THIS BOX IS CHECKED WITH OTHER BOXES, ANOTHER AUTHORIZATION WILL BE REQUIRED TO AUTHORIZE THE USE OR DISCLOSURE OF PSYCHOTHERAPY NOTES ONLY.**

Psychotherapy notes are often referred to as process notes, distinguishable from progress notes in the medical record. These notes capture the therapist's impressions about the patient, contain details of the psychotherapy conversation considered to be inappropriate for the medical record, and are used by the provider for future sessions. These notes are often kept separate to limit access because they contain sensitive information relevant to no one other than the treating provider.

6. Section V, if a different *expiration* date is desired, specify a new date.
7. Section V, Please sign (or mark) and date.
8. A copy of the completed TONHC-810 form will be given to you.