THE TOOTH SHOP ON 46, LLC
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WWW.TOOTHSHOPDENTISTRY.COM

HIPAA – REQUEST FOR AMENDMENT

To the Patient: Please use this form to ask our dental practice to change any information about you in our records. All requests for changes to our records must be in writing and must state the reason for the change. You must return this form to the Privacy Official to process your request. All requests will be processed within 60 days of the date that our dental practice receives the request.

Requested Amendment

Please describe in detail how you want your records changed:_____

_____

_____

_____

_____

Reason for requested change:_____

_____

_____

If our dental practice requires more than 60 days to act on a request for amendment, then, within the 60-day period, we may extend the time period for up to 30 days by providing the patient with a letter stating the reasons for the delay and the date by which our dental practice will complete its action on the request. We are limited to one extension. The Privacy Official will review each requested amendment, and determine whether the request should be approved or denied.

If our dental practice approves the amendment, we will append the amendment to the record and send notification by mail.
If our dental practice denies the amendment, we will send a written denial to the patient that contains the information required by HIPAA. A patient may give the office a statement of denial.

Please contact the dental practice's Privacy Official if you have any questions relating to your request to amend records.

I acknowledge that I have received a copy of this Dental Practice's **HIPAA Notice of Privacy Practices**.

I have general authority to perform all acts on my own behalf and I am responsible for my own decisions.
No other person or persons holds a Medical Power of Attorney on my behalf

Patient (print):_____ **Signature:**_____ **Date:**_____

Privacy Official: **Dana Syska** **Signature:**_____ **Date:**_____

Dentist (owner): **Niles A. Syska, DDS** **Signature:**_____ **Date:**_____