

**County of San Bernardino
Department of Behavioral Health**

Request to Amend Protected Health Information (PHI)

(Return completed form to: MEDICAL RECORDS OFFICE, 850 E. FOOTHILL BLVD,
RIALTO, CA 92376)

REQUESTOR

Name: _____

Mailing address: _____

Phone: _____

If you are not the consumer, your relationship to the consumer: _____

***Please furnish a copy of papers of legal appointment, court order or notarized will
with this request if applicable.**

CONSUMER INFORMATION

Name: _____ Maiden Name (if applicable): _____

Address: _____ City: _____

State: _____ Zip: _____

Consumer Birth Date: _____ SSN # (Optional): XXX-XX- _____

Phone: _____

AMENDMENT REQUEST INFORMATION

Describe the information you want to amend due to inaccuracy or incompleteness (e.g., lab test results, physician notes): _____

Date(s) of information you want amended (e.g., date of office visit, treatment, or other health care services): _____

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What is the reason for this request?

How is the current information inaccurate or incomplete?

What should the entry say to be more accurate or complete?

Do you know of anyone who may have received or relied on the information you want to amend (i.e. your family doctor, pharmacist, health plan, or other health care provider)? Yes No
If yes, please give the name(s) and address(es) of the organization(s) or individual(s):

Do you specifically authorize us to notify the person(s) listed above, and any other persons or entities with whom we may have shared the information to be amended, of any amendment that is made to your health information as a result of this request? Yes No

Signature of consumer/legal representative

Date

You will receive a written response from us within 60 calendar days of our receipt of your request. In a very few circumstances, we may need an additional 30 days to respond to a request for amendment beyond the 60 day period. If that happens in your case, we will send you a written notice before the 60 days expire to inform you that we will need the additional 30 days to respond. If your request for amendment is denied, you will receive a written reason for the denial and we will explain your rights to have the denial decision reviewed and/or your right to submit a written statement of disagreement that can be included in future disclosures of the un-amended information.



LANGUAGE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

繁體中文 (Chinese)

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 [1-888-743-1478] (TTY: [711])。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

فارسی (Farsi)

فارسی گ ف ت گومی ک نید، ت سه یلات زب انی نابز هب رگا: ت وجه
ب صورت رایگان ب رای شما
ت ماس ب گ یرید. [1-888-743-1478] (TTY: [711]) ف راهمی ب اشد. ب ا



LANGUAGE TAGLINES

日本語 (Japanese)

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。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੋ, ਤਾੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية توافر لك بالامجان. اتصل برقم [1-888-743-1478] (TTY: [711]) رقم هاتف الصم والبكم.)

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតគូរ គឺអាចមានសំរាប់អើអើអើ ចូ ទូ ស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).