

**CONFIDENTIAL  
PATIENT  
INFORMATION: See  
California Welfare  
and Institutions Code  
Section 5328**

San Mateo County Health System  
Behavioral Health Services and Recovery Services



**REQUEST TO AMEND  
PROTECTED HEALTH INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please tell us what protected health information you want to change:

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Please tell us why you want to change. You must give a reason:

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We must tell you within 60 days if we will change your protected health information as you requested, or tell you that we need more time (up to 30 extra days) to decide.

Please tell us where to send you a letter:

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Please give us a phone number so we can call you: \_\_\_\_\_

If we decide to change the health information as you requested, we will send the change to any person who received the information before it was changed. Please tell us if there are any such persons who need the changed information.

Yes, the name/s and address/es of people who need the changed information are:

_____	_____
_____	_____
_____	_____

We will also send the amendment to other persons that we know received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm). Do you agree with this?

No Initials \_\_\_\_\_

Yes Initials \_\_\_\_\_

We do not have to change your protected health information if:

1. We did not create the information, unless the person who created it is unavailable to act on your request to change it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want changed.
4. The protected health information you want changed is not part of the designated record set. This includes your medical records, billing records, and records containing your protected health information that are used by us to make decisions about you.

For more information about your privacy rights, see the "Notice of Privacy Practices" available at [www.co.sanmateo.ca.us](http://www.co.sanmateo.ca.us), or ask for it at the Behavioral Health Clinic where you receive treatment, or send a written request to San Mateo County Behavioral Health & Recovery Services, 225 37<sup>th</sup> Avenue, Room 320, San Mateo, CA 94403.

If you believe your privacy rights have been violated, you may file a complaint with San Mateo County Behavioral Health and Recovery Services or with the CA Secretary of the Department of Health and Human Services. To file a complaint with Behavioral Health, contact Consumer and Family Affairs at Alameda de las Pulgas, Suite 155, San Mateo, CA 94403. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Signature of client or representative \_\_\_\_\_

If representative, give relationship \_\_\_\_\_

When you have finished filling out this form, please send it to Behavioral Health and Recovery Services, Room 320, 225 37<sup>th</sup> Avenue, San Mateo, CA. 94403 or bring it to the clinic where you are receiving behavioral health services.