



# FRI FRIENDS RESEARCH INSTITUTE

*Advancing research to promote health and well-being*

## REQUEST TO AMEND MY PROTECTED HEALTH INFORMATION

I, \_\_\_\_\_, request a change to my record(s) for my visit to Epoch Counseling Center, (location) \_\_\_\_\_ on the following date(s) of service: \_\_\_\_\_

I request the following change to be made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request this change for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I understand that my request will be considered, but may not be granted if FRI determines that my protected health information or record that is subject to this request:

- Was not created by FRI/Epoch Counseling Center, unless I provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
- Is not part of my medical or billing record;
- Would not be available for me for inspection under applicable law dealing with access to protected health information; or
- Is accurate and complete.
- I understand that I will receive a response within 60 days to amend or reject my request.
- If FRI is unable to act on the amendment within 60 days, FRI may extend the time to act by no more than 30 days, provided that:
- FRI sends me a written reason for the delay and the date by which Johns Hopkins will complete its action on my request; and
- FRI may have only one extension of 30 days to act on my request

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**