

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0755

HIPAA Request for Amendment of Protected Health Information

Section A:

Section A is to be completed by the client or authorized representative when requesting an amendment of their Protected Health Information (PHI).

An amendment can only be requested for:

- a) PHI records that were created by the agency
- b) PHI information that is inaccurate or incomplete

Section B

DCS employees must complete this section if they are approving or denying the request. If denying the request, the employee must provide a written explanation to the requestor. DCS employees can approve or deny requests in this section.

Additional Instructions

If a PHI amendment request is denied, DCS personnel must send a copy of the completed form to the requestor.