

Exhibit G
Guam Community Health Centers
(Northern and Southern Region Community Health Centers)

REQUESTS FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Street

Apartment #

City, State, Zip

Type of Entry to be Amended: _____

- Progress Notes
- Hospital Notes
- Prescription information
- Patient history
- Other (Specify) _____

Please explain how the entry is inaccurate or incomplete.

Please specify what the entry should say to be more accurate or complete.

Signature of Patient or Legal Guardian

Date

**FOR INTERNAL PURPOSES
ONLY:**

Amendment has been made: Accepted
 Denied
 Denied in part; Accepted in part

If denied (in whole or in part)*, check reason for denial:

- PHI was not created by this organization.
- PHI is not available to the patient for inspection in accordance with the law.
- PHI is not a part of patient's designated record set.
- PHI is accurate and complete.

Comments from healthcare provider who provided service:

Name of Privacy Officer Completing Form: _____

Title: _____

Signature of Healthcare Provider Who Provided Service

Date

*If your request has been denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial to the GCHCs, *Attn: William Weare, MD, Privacy Officer, 162 Abman Drive Inarajan, Guam 96917*. If you do not provide us with a statement of disagreement, you may request that we provide your original request for amendment and our denial with any future disclosures of the protected health information that is the subject of the requested amendment. Additionally, you may file a complaint with our Privacy Officer, William Weare, MD., 162 Abman, Inarajan, Guam, 96917 (671) 828-7519) or the Secretary of the U.S. Department of Health and Human Services.

***THE GCHCs MUST INFORM PATIENT THAT A WRITTEN REQUEST IS REQUIRED, AND THAT THE PATIENT IS REQUIRED TO PROVIDE A REASON TO SUPPORT THE REQUESTED CHANGE.**