

Choice Diagnostic Imaging
5831 Bee Ridge Rd. Suite 102
Sarasota, FL 34233
Phone: (941) 954-1900
Fax: (941) 342-7847

REQUEST TO AMMEND PROTECTED HEALTH INFORMATION

This form is to be used by patients who wish to request that information kept in the records of Choice Diagnostic Imaging be amended. The following summarizes our policies and procedures with respect to amending patient information.

- Requests to amend must be submitted in writing.
- Your request will be reviewed by our Compliance Officer, Bill LeFrancois and other staff members as appropriate.
- If the Compliance Officer determines that the amendment you have requested should be made, the records will be updated as required by federal regulations.
- If the Compliance Officer determines that the information in our records is complete and accurate, your request will be denied. A written notice of this decision will be sent to you as required by federal regulations. You will have an opportunity to send us a written statement explaining your disagreement with this decision. That statement will be included in your records, along with any response that we believe is necessary to help future users of the information understand that information. You will be given a copy of any response that we include in the record.

Information to be Amended

Please identify the information that you believe needs to be amended in the spaces provided below. Identify the source of the information, the specific information that you believe to be incorrect and the reason you believe the inforamtatin to be incorrect. If no reason is given, your request will be denied.

If you need help with this form, please contact:

Compliance Officer: Bill LeFrancois

Phone Number: (941) 954-1900

Items to be changed: _____

Data Source: _____

Change: _____

Reason: _____

Response: _____
