



North American Spine & Pain
404 Creek Crossing Blvd
Hainesport, NJ 08036
P 609-845-3988
F 609-288-6078
www.naspacmd.com

PATIENT REQUEST TO AMEND PROTECTED HEALTH INFORMATION

You have the right to request a change to the use or disclosure of your information. That includes amending that information. You can request a change to your information but we reserve the right to deny that request in certain circumstances but with notice to you. Please contact us for more information about that process at the information below.

1. NASPAC may deny the request for the following reasons:
 - a. The information was not created by it and therefore, has no right or ability to change the information;
 - b. The information is not available to the patient for inspection or copying;
 - c. The information is not included in the designated record set, or;
 - d. The information is already accurate and complete.
2. If NASPAC denies the patient's request to amend the records, Compliance will give the patient timely written notice of the denial. Any denials must include the following elements:
 - a. The basis for denial for good cause (see #1 above):
 - b. Notice of the patient's right to submit a written statement to NASPAC disagreeing with the denial, including instructions for filing this statement;
 - c. A statement that, if he or she does not submit a statement of disagreement, the patient may require the NASPAC to include the patient's request for amendment and NASPAC's denial with any future disclosure of the information; and
 - d. A description of how the patient may complain of the denial in accordance with NASPAC's compliant procedures and to the federal Department of Health and Human Services.
3. NASPAC must ensure that the materials that the patient wanted to amend contain the following information:
 - a. The patient's original request for an amendment;
 - b. NASPAC's denial of the request;
 - c. Any statement of disagreement submitted by the patient;
 - d. NASPAC's written rebuttal, if any, to any statement of disagreement from the patient; and
4. NASPAC must include all of the above material in any future disclosure of the health information in question. Alternatively, NASPAC can include an "accurate summary" of the information.

If we agree to your request to amend your information, we will place the amended information into your permanent record.

Patient Name: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Phone Number (day): _____

1) Protected Health Information to be restricted: _____

2) Nature of Restriction: _____

Patient Name _____

(PLEASE PRINT) Signature of Patient _____

Date _____ (REQUIRED) Please return the completed form either by fax or by mail to:

Fax: (609) 288-6078 Attention: Compliance Officer Email: mtobin@naspacmd.com

Mail: 404 Creek Crossing Blvd, Hainesport, NJ 08036 (Compliance Phone Number (609) 845-3988 X.135)

This Section for Internal Use Only: Accepted _____ Denied _____