

OKLAHOMA DEPARTMENT of CORRECTIONS
REQUEST for CORRECTION/AMENDMENT of PROTECTED HEALTH INFORMATION

SECTION I.

Information Pertaining To: Inmate **ODOC** Employee

Inmate's Name	Birthdate	ODOC Number	Social Security Number
---------------	-----------	-------------	------------------------

Date of Entry to be Amended: _____

Type of Entry to be Amended:

Progress Note Radiology Physician's Orders Opthamology Dental History and Physicals

Other _____

Please explain how the entry is incorrect or incomplete. What will the entry say to be more accurate or complete?

Inmate Date

Legal Representative/Guardian Describe authority to act on behalf of the individual Date

SECTION II. **FOR OKLAHOMA DEPARTMENT OF CORRECTIONS' USE:**

Date Received _____

Amendment has been:

Accepted Date _____

Denied Date _____

We are required by law to inform you the information you have requested cannot be gathered within 60 days; therefore, the request will be answered by _____.

If denied, check reason for denial:

Information was not created by this facility

Information is not a part of the inmate's medical record

Information is accurate and complete

Other _____

Name of Qualified Health Care Personnel Date

Correctional Health Services Administrator Date

Date Forwarded to inmate _____

SECTION III.

Inmate Statement if Denied: (The statement cannot exceed the allowable space designated below.)

If statement is completed, it will be returned to the Medical Services unit within five days from the date forwarded to the Inmate.