

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION**

SECTION I.

Information Pertaining To: Offender Department of Corrections Employee

Offender's Name	Birthdate	DOC 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 should the entry say to be more accurate or complete?

Offender _____ 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 sixty (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 offender's medical record

Information is accurate and complete

Other _____

Name of Qualified Health Care Personnel _____ Date _____

Correctional Health Services Administrator _____ Date _____

Date Forwarded to Offender _____

SECTION III.

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

If statement is completed, it must be returned to the Medical Services Unit within five days from the date forwarded to the offender.