



HARRY HYNES MEMORIAL HOSPICE

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

PATIENT NAME	DATE OF BIRTH	PATIENT RECORD NUMBER
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PATIENT ADDRESS

DATE OF ENTRY TO BE CORRECTED/AMENDED	INFORMATION TO BE CORRECTED/AMENDED
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Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Use additional sheets if needed and attach to this form.

If you agree, Harry Hynes Memorial Hospice will make a reasonable effort to provide the amendment to other persons who Harry Hynes Memorial Hospice knows received the information in the past and who may have relied, or are likely to rely, on such information in a manner that may be detrimental to your health care.

I agree to allow Harry Hynes Memorial Hospice to release any amended information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past? Yes No

If yes, please specify the name and address of the organization(s) or individual(s).

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE <i>(If Personal Representative, state relationship to patient)</i>	DATE
SIGNATURE OF WITNESS <i>(If signature of patient is a thumbprint or mark)</i>	DATE

FOR HARRY HYNES MEMORIAL HOSPICE USE ONLY

DATE RECEIVED	AMENDMENT HAS BEEN <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
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IF DENIED, CHECK REASON FOR DENIAL

PHI is not part of the patient's designated record set Record is not available to the patient for inspection under Federal law

Harry Hynes did not create record Record is accurate and complete

COMMENTS OF HEALTHCARE PROVIDER *(If applicable)*

SIGNATURE OF HEALTHCARE PROVIDER <i>(If applicable)</i>	TITLE	DATE
SIGNATURE OF CEO OR DESIGNEE		DATE

Important Information

FEES:

- For PAPER records - Administration Fee \$18.97; Copying fee \$.63 per page for the first 250 pages and \$.44 per page thereafter; postage as applicable
- For electronic PDF submission via portal (secure email) – FEES WAIVED
- For electronic submission via disk/thumb drive – Cost of disk or thumb drive device (to be determined) and postage as applicable

TO SUBMIT FORM:

- Email - whitney.mahaney@hynesmemorial.org
- Mail - Harry Hynes Memorial Hospice, Health Information Department, 313 S Market, Wichita KS 67202
- Fax - 316-265-0087

Who has healthcare decision-making power for a patient?

1. Patient - The patient has decision making power when they are able to make their own decisions.
2. DPOAHC (Durable Power of Attorney for Health Care) - When the patient no longer can make their own decisions, the DPOAHC then has decision making power.
3. Next of Kin - When there is no DPOAHC, normally the State law following would be Surrogacy, to identify the surrogate decision maker or next of kin (usually the priority is spouse or domestic partner, adult child, parent, sibling then possibly other relatives). However, Kansas does not have a Surrogacy or next of kin law. It is common practice in healthcare in Kansas though to notify next of kin and follow the typical priority order listed above.
4. Guardian – The exception to items 1-3 is when the patient has been assigned a court ordered guardianship. This means it has been determined by a court that the patient is unable to make their own decisions. Harry Hynes Hospice will obtain at admission a copy of the guardianship paperwork to confirm who is eligible to sign for hospice consent. The only time a DPOAHC has authority instead of the guardian is when the patient completed a DPOAHC prior to the guardianship becoming effective. If a DPOAHC was assigned prior to the guardianship becoming effective, the DPOAHC remains the decision maker for the patient.

After a patient dies, who is authorized to make decisions about the physical remains? (See Reference KSA 65-1734)

1. DPOAHC - The DPOAHC is authorized only if the notarized document includes verbiage about disposition of the body.
2. Spouse
3. Adult Surviving Children
4. Surviving Parents
5. Next of Kin – person in the next degree of kinship under laws of descent and inheritance
6. Guardian
7. Personal Representative of the decedent
8. Indigents – or any other individual whose final disposition is the responsibility of the state or county, the public official charged with arranging the final disposition. (See reference K.S.A. 22a-215)
9. Executor - When there is no DPOAHC, according to state law, the laws of inheritance are used to determine who inherits the body. The executor has the rights of inheritance by state law.

After a patient dies, who is authorized to obtain the patient's medical records? (in order)

1. Executor of Estate
2. Spouse
3. Adult Surviving Children – in no specific order
4. Surviving Parents
5. Next of Kin – Person in the next degree of kinship under laws of descent and inheritance
6. Guardian
7. Personal representative of the decedent
8. Indigents – or any other individual whose final disposition is the responsibility of the state or county, the public official charged with arranging the final disposition. (See reference K.S.A. 22a-215)