

South Dakota Department of Human Services

Amendment of Health Record Request Form

(For use by **DHS** clients/patients requesting amendment of their own health records)

Name:	Case Number:
Division/Facility:	Date of Birth:
Location of Record:	Date of Request:

If you are asking to amend the protected health information (PHI) that the Department of Human Services (DHS) has in its record, please consider the following:

- DHS cannot amend records that DHS did not create.
- DHS will only amend records if they are found to be incomplete or inaccurate.
- If your record is amended we may need to obtain your agreement to share the amendment with other providers who may need this information to provide you services.
- You will need to attach any information you have to support your request.

I am asking for the following amendment to the record of my health information: (Be specific)

Signature - Client/Patient: _____ Date signed: _____

Signature – Personal/Legal Representative of Client/Patient: _____
(if applicable)

Relationship to Client/Patient: _____ Date signed: _____

(See your privacy rights attached)

South Dakota Department of Human Services

Name:	Case Number:
Approved: <input type="checkbox"/>	
Denied: <input type="checkbox"/>	
Delayed: <input type="checkbox"/>	
If delayed, we will act on your request by:	
Comments: (attach additional sheet if needed)	
DHS Staff Signature:	Date:

South Dakota Department of Human Services

Your Right to Amend Information in your Record:

- You have a right to request amendments to your PHI created by DHS.
- You have a right to have an answer to your request within 60 days. If there are delays in getting you the answer, you will be told. The delay cannot be more than 30 days. You'll receive an answer in writing.
- If you disagree with the answer, you can provide a written statement saying how you'd like your record to be changed. DHS will keep this statement with your record.
- DHS may also write an answer to your statement, which will also be placed in your record. You will receive a copy of this.
- Anytime your record is shared, both your statement and DHS answer will be included, when relevant.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either DHS or with the Region VIII Office of Civil Rights, U.S. Department of Health and Human Services.

Privacy complaints may be directed to any of the following:

For services provided by one of the following divisions: Alcohol and Drug Abuse, Developmental Disabilities, Mental Health, Rehabilitation Services, or Service to the Blind and Visually Impaired, contact:

Department of Human Services
HIPAA Privacy Office
Hillsview Plaza, East Hwy. 34
c/o 500 E. Capitol
Pierre, South Dakota 57501-5070
Phone: (800) 265-9684;
TTY: (605) 773-5990;
Fax: (605) 773-5483; or
Email: infodhs@state.sd.us

For Services provided by the Human Services Center, contact:

Human Services Center
ATTN: HIPAA Privacy Contact
PO Box 7600
Yankton, SD 57078-7600
Phone: (605) 668-3100;
TTY: (605) 668-3158;
Fax: (605) 668-3460; or
Email: infohsc@state.sd.us

For services provided by the South Dakota Developmental Center, contact:

South Dakota Developmental Center
ATTN: HIPAA Privacy Contact
17267 3rd St. W
Redfield, SD 57469-1001
Phone: (605) 472-2400;
Fax: (605) 472-4216; or
Email: infosddc@dhs-rf.state.sd.us

* Or *

**Region VIII Office of Civil Rights,
U.S. Department of Health and
Human Services**

1961 Stout Street – Room 1185 FOB
Denver, CO 80294 – 3538
Voice Phone: (303) 844-2024
Fax: (303) 844-2025
TDD (303) 844-3439

**This form is available in alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).
Contact DHS at: Phone (605) 773-5990 or Fax (605) 773-5483**