



Patient PHI/Name Change

Protected Health Information (PHI) or name changes may not be updated into the Cascade Medical EMR without the appropriate documentation to support the request for change. Please complete the following information and submit with supporting documents to Cascade Medical to complete your request. This information is confidential.

Previous Name:	
<u>NEW</u> name:	
<u>NEW</u> Address:	
<u>NEW</u> Phone Number:	
<u>Guarantor:</u>	
SS#:	Date of Birth:
Supporting documentation :	
Supporting Documentation must be attached for the information change to be processed. Please choose one of the following options and attach copies to this document for submission. <i>Note: **copies of listed documents will not be accepted unless certified by notary, SSI Admin., or by court.</i>	
<input type="checkbox"/> *Copy of new SS# <input type="checkbox"/> *Copy of DPOA <input type="checkbox"/> *Copy of Certified Court document supporting name change (i.e., adoption papers, court order) <input type="checkbox"/> *Copy of Marriage License or Divorce Decree with new name <input type="checkbox"/> *Copy of Drivers License with new name	
*Return Copies to me (please circle): YES NO	
TO BE COMPLETED BY CMC STAFF:	
Employee has verified submitted documentation to new information and scanned into EMR. Initials: _____	
Employee Submitting Information to HIM: _____ Date: _____	

PATIENT INFORMATION CHANGES LISTED ABOVE ARE TO BE COMPLETED BY THE HIM DIRECTOR OR HIM LEAD	
Initials of HIM Director or HIM Lead as completed: _____	Date completed in EMR : _____