

**REQUEST FOR AMENDMENT OF HEALTH INFORMATION**

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Patient Account Number: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of entry to be amended: \_\_\_\_\_ Type of entry to be amended: \_\_\_\_\_

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

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I authorize release of the amended information described herein to the following parties:

Name	Address
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Signature of Patient or Legal Representative	Date
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Relationship of Legal Representative

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**For Healthcare Organization Use Only:**Date Received \_\_\_\_\_ Amendment has been:  Accepted  Denied

If denied, check reason for denial:

- |   |   |
|---|---|
| <input type="checkbox"/> PHI was not created by this organization   | <input type="checkbox"/> PHI is not part of patient's designated record set |
| <input type="checkbox"/> PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes) | <input type="checkbox"/> PHI is accurate and complete                       |

Comments of Healthcare Practitioner:

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Name of Medical Records Custodian (printed)

Signature of Medical Records of Custodian	Date and Time
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