



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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Signature of Patient or Legal Representative Date

\_\_\_\_\_  
Relationship of Legal Representative



*For Healthcare Organization Use Only:*

Date Received \_\_\_\_\_ Amendment has been:  Accepted  Denied

If denied, check reason for denial:

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

Comments of Healthcare Practitioner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Healthcare Practitioner Title

\_\_\_\_\_  
Signature of Healthcare Practitioner Date and Time

**\*scans to doc type of doc type being corrected\***