Medical Record Amendment/ Correction Form

Patient Request

Name: _____ Date:_____

Date of Birth: _____

Address: _____State_____Zip_____

1. Date(s) of Medical Record Entry to be corrected: _____

2. Language to be Amended/Corrected: _____

3. Amendment/Correction: _____

4. Reason for Amendment: _____

5. Identify person who have received the information prior to the amendment correction:

Name of Organization:

Contact Person/Physician: _____

Organization: _____

Phone: _____ Fax: _____

Do you authorize us to provide the amended/ corrected information to the persons listed above who had received the information prior to the amendment/correction?

Circle one:

Yes No

Signature: _____ Date: _____

Printed Name: _____

Reviewed: 04.14.14; 9.2016

Medical Record Amendment/ Correction Form

You have the right to submit a Medical Record Amendment/Correction Form to be made part of your medical record. This does not permit you to alter or change to original record created by your health care provider or his/her staff. We may deny your request to amend or correct your records.

Amendment Correction Accepted: _____

Amendment/Correction Denied: _____

ReasonforDenial:_____
_____
_____
_____

Signature: _____ Date/Time: _____

Printed Name: _____

If we have denied your requested amendment/correction, you have the right to submit a written statement disagreeing with the denial and your reason for disagreement. We may reasonably limit the length of your written statement and we may prepare a rebuttal to your written statement of disagreement (and provide you with a copy)

If we have denied your requested amendment/correction and you do not submit a written statement of disagreement with the denial and your reason for disagreement above, you may request that we include a copy of this document with any future disclosures of the information identified in items#1 and#2 above.

Please make your request in writing and sign and date the request.

If you believe we have failed to meet your obligations as explained in our "Notice of Privacy Practices" or our legal obligations under state or federal law, you may contact the privacy officer for our department regarding your compliant. You may also file a complaint with the Secretary of the U.S Department of Human Services within 180 days of the date you know or should know of the act that is the subject of your complaint. Your complaint to the Secretary must be filed in writing, either electronically or on paper.

Reviewed: 04.14.14; 9.2016