



Request For Correction/Amendment of Health Information

Patient Name (Print)

Date of Birth

Patient Address

Telephone Number

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?

Would you like the amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

Signature of Patient or Legal Representative

Date

**For Healthcare Organization Use Only:**

MR #: \_\_\_\_\_

Admit #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amendment has been: Accepted  Declined

If denied check reason for denial:

PHI was not created by this organization

PHI is accurate and complete

PHI is not available to the patient for inspection as required by federal or state law (e.g., psychotherapy notes)

PHI is not part of patient's designated record set

Comments of healthcare provider (if applicable)

Signature of Healthcare Practitioner

Date

Signature of HIMS Staff Member

Date