



REQUEST FOR CORRECTION/AMENDMENT OF HEALTH INFORMATION

Patient Name: _____ Birth Date: _____

Patient Address: _____

Patient
Phone 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? Please use additional paper, if necessary.

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.

Name Address

Name Address

Signature of Patient or Legal Representative Date

For Practice Use Only:

Date Received _____ Amendment has been: Accepted Denied

If denied, check reason for denial: PHI is not available to the patient for inspection as required by federal law (e.g., psychotherapy notes)
 PHI was not created by the Practice PHI is not part of patient's designated record set PHI is accurate and complete

Comments of Health Care Practitioner: _____

Name of Staff Member Title

Signature of Health Care Practitioner Date