

PATIENT INFORMATION

Patient Name: _____
Patient Account Number: _____ Medical Record Number: _____
Patient Address: _____ City: _____ State: _____ Zip: _____

DESCRIPTION OF ENTRY TO BE AMENDED

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?

AUTHORIZATION

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

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Signature of Patient or Personal Representative

Date

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

Comments of Healthcare Practitioner (Clinician/Author):

Print Name of Healthcare Practitioner

Title

Signature of Healthcare Practitioner

Date