

**Request for Correction/Amendment of Health Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient 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 be the entry say to be more accurate or complete?

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

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Would you like this 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

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

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**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 part of the 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:

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

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\_\_\_\_\_  
Name of Staff Member Title

\_\_\_\_\_  
Signature of Healthcare Practitioner Date