



PATIENT REQUEST FOR AMENDMENT OF RECORDS

Amendment - SCAN, PATIENT AMENDMENT REQUEST, 7/22/19

You have the right to request that we amend your personal health information in our records. This information may be used to make decisions about you and your treatments for as long as we maintain it in our records. Please see our Notice of Privacy Practices for a more detailed description of your rights and the process we follow once we have received your request. To request an amendment to your health record, complete and return this form via mail to the appropriate hospital or practice.

PATIENT INFORMATION

Patient Name: _____
Last
First
MI
DOB

Address: _____

Telephone: (daytime) _____ (evening) _____

Please complete the following: Hospital _____ Practice _____

AMENDMENT REQUEST

Please answer the following questions. You may attach a separate page if more space is needed.

Which information would you like to amend? _____

How do you believe the information should be amended? _____

Why do you believe the information should be amended? Your request may be denied if you do not provide a reason to support your request. _____

Please indicate if the request needs to be expedited and reason for the request. We cannot guarantee that we will meet your deadline, but we will do our very best to accommodate reasonable requests.

PATIENT UNDERSTANDING AND SIGNATURE

By signing below, I am requesting that _____ (name of facility) amend my health information as I have explained above.

Signature of Patient or Personal Representative: _____

Print Name of Patient or Personal Representative: _____

Date: _____

Description of Personal Representative's Authority: _____

HBG 3090 (7/22/19) 1.1

FOR CHS USE ONLY:	Date Received: (MM/DD/YYYY) _____ / _____ / _____ Disposition of Request: <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Partially Denied Patient Notified in Writing on This Date: (MM/DD/YYYY) _____ / _____ / _____	Name of HIM Dept/Practice Staff Member Processing This Request: _____
--------------------------	---	---