



**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**