



REQUEST FOR AMENDMENT OF MEDICAL RECORD

Name: _____ Date of Birth: _____

Social Security Number: (last 4 digits) _____

After review of my medical record, I do not feel that the original documentation made by (facility name)

accurately reflects my treatment, condition or related to _____ (Specify Date(s))
episode of care.

I request an Amendment to my records for the following reason(s):

- I understand that _____ (Facility Name) may or may not agree to amend my record with an addendum based upon my request.
- I understand that **I AM NOT** allowed to alter the original documentation in my record.
- I understand that my Request and any amended information will be made a permanent part of my medical record and will accompany any future authorized record requests for information dated after **April 14, 2003** and after the date of the agreement to amend my record.
- I further understand that _____ (Facility Name) will provide a response to this request within sixty (60) days.
- I understand that if my Request for the Amendment is denied, I may provide a Statement of Disagreement which (along with this Request) will accompany any future authorized record requests for information after **April 14, 2003** and after the date of denial to amend my record.

In addition to submitting a Statement of Disagreement, you may also file a complaint with the: Privacy Officer at the Mental Health or Developmental Disability Facility Address: _____ ,
or with the Secretary of United States Department of Health and Human Services Region V, 233 North Michigan Avenue, Suite 1300, Chicago, Illinois 60601

Signature of Individual: _____ Date: _____

I wish the following individuals be notified of my Amendment or the Denial of my request for amendment:

Name of Organization or Individual	Address (City, State, Zip Code)

FOR OFFICE USE ONLY

- Request Approved Request Denied PHI not created by MHS/DDD
 PHI is accurate & complete PHI not part of designed record set., i.e., correspondence

Facility Director/Designee/Privacy Officer Printed Name

Facility Director/Designee/Privacy Officer Signature

Date:

Reference: Federal Law 45 CFS §164.526, App V and 45 CFR § 164.523, App V