



AMENDMENT OF MEDICAL RECORD

Name: _____ Date of Birth: _____ Social Security Number: _____

I request this Amendment be made a permanent part of my medical record in accordance with Federal Law 45 CFR § 164.523, App. V.

Use additional sheets as necessary

Continued on Additional Pages

Signature of Individual: _____ Date: _____

OMH/ODD-DHS Policy 96-02