

Request for Amendment of Health Information

Member Identification

Member Name: _____ Date of Birth: _____ Member ID #: _____

Member Address: _____
Street Apt # City State Zip

Member Home Phone #: (____) _____

Member Wk. Phone #: (____) _____

Request for Amendment

Correction Addition Date of Entry to be Amended: _____

After review of my health information, I feel that the original documentation regarding

is inaccurate because _____

Therefore, I am hereby requesting that the following amendment be made to my health information and become an approved attachment to my permanent record.

I understand this request applies only to the health information created by this company and that in order to amend my health information created by another health care provider I must send a separate request to that provider.

Signature

Authority (If Personal Representative)

Date

This Section for Company Use Only

Request APPROVED

Company Requirements:

- Attach amendment to all appropriate records
- Notify Client of approval
- Notify persons/agencies identified and authorized by Client

Request DENIED

Reason for Denial:

- Information was not created by this company
- Information was not part of a designated record set
- Information is accurate and complete
- Information is not available to Client per federal law

Company Requirements:

- Provide written denial notice to Client
- Inform Client of right to submit Statement of Disagreement

By: _____
Staff Signature Title Date