

Medical Record Amendment / Correction Form

Patient Name: _____

Day Phone #: _____ Night Phone #: _____

Address: Street: _____

City: _____ State: _____ Zip code: _____

1) Date of Medical Record Entry to be Corrected: _____

2) Medical Record Language to be Amended / Corrected: _____

3) Amendment / Correction: _____

4) Reason for the Amendment / Correction: _____

5) Identify persons who have received the Information (prior to Amendment/Correction):

Name Organization / Address

Phone Number

_____	_____
_____	_____
_____	_____

6) Do you authorize us to provide the information in Items no. 3 and no. 4 to the persons and organizations listed in item no. 5? Yes _____ No, do not provide the information to: _____

To Our Patients: You have the right to submit a Medical Record Amendment/Correction Form to be made a part of your medical record. This right does not permit you to alter or change the original record created by your healthcare provider or his/her staff. We may deny your request to amend or correct your records.

Amendment / Correction Accepted: _____

Amendment / Correction Denied: _____

Reason for Denial: _____

This Amendment / Correction Sheet is to Be Made a part of the Medical Record of:

Patient Name: _____

Date: _____ Signature of Patient: _____

If we have denied your requested amendment / correction and you do not submit a written statement of disagreement as discussed above, you may request that we include a copy of this document with any future disclosures of the information identified in Items # 1 and # 2 above. **Please make your request in writing, and sign and date this request.**

If you believe we have failed to meet your obligations as explained in our "Notice of Privacy Practices" of our legal obligations under state and federal law, you may contact Carmen Palacio of our office regarding your complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of the date you know or should know of the act that is the subject of your complaint. Your complaint to the Secretary must be filed in writing, either electronically or on paper.