



Health and Hospital Corporation of Marion County
Marion County Public Health Department

Request for Amendment to the Medical Record

Client/Patient Information (Please Print):

MCPHD # _____

Last Name: _____ First: _____ Middle: _____
Date of Birth: _____ Phone Number: _____

Requestor Information (Please Print):

Last Name: _____ First: _____ Middle: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Proof of Identification: _____

After review of my medical record, I am requesting an amendment to my record as noted below. Please review the documentation made on the following service date(s): _____. I understand that my request may not be granted. I further understand that the original document cannot be altered, and any changes will be corrected in the form of an addendum. Finally, I understand this request form will become part of my permanent medical record, whether or not the request is granted, and I have the right to submit a Statement of Disagreement should my request be denied.

I request the following correction/addition be made to my medical record, and I have included an explanation:

The following persons or entities should be notified of this amendment: _____

My request for amendment applies only to the following HHC/MCPHD site: _____

Printed Name of Client/Patient or Legal Representative

Signature of Client/Patient or Legal Representative

Date

Whether your request is approved or denied, you will get a written response within 60-90 days.

For Internal Use Only

Date Received: _____ Date Sent to Privacy Officer for Review: _____
(if amendment denied)

Authorized Employee Name (Print) Title Authorized Employee Signature

Your request for amendment was APPROVED on _____. In response to your request, a correction/addendum will be made part of you permanent medical record. Affected records include: _____

Your request was DENIED on _____ for the reasons noted below. Your request will become part of your permanent medical record: _____

Authorized Employee Name (Print) Title Authorized Employee Signature