

REQUEST FOR AMENDMENT IN MEDICAL RECORD



Patient Name:

Date of Request:

Contact Telephone Number:

Date of Birth:

Address:

Once patient sections are completed, please submit to MVMG either in person, mail, or fax.

(This section to be completed by patient)

I request the following information to be amended in my medical record:

Date of Entry to be Amended: _____

Amendment requested:

Reason for request:

***If possible, please enclose with this request copies of the specific information to be amended.**

If applicable: If your request is approved, please list persons that have received your personal health information that needs to see the amendment: *(Please include name, title, and phone number.)*

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I understand that Matthews-Vu Medical Group has deployed an electronic medical record that is used by all locations. I acknowledge that by signing this form below I consent to and agree that Matthews-Vu Medical Group may receive and process this amendment request across all records stored within our record system.

Patient/Guardian Printed Name:

Patient/Guardian Signature:

Relationship:

Date:

(This section to be completed Matthews-Vu Medical Group)

Request approved? **YES** **NO**

Date Approved: _____

Amendment made:

Reason for denial:

- Protected Health Information (PHI) was not created by this organization.
- Protected Health Information (PHI) is not part of the patient's designated record set.
- Protected Health Information (PHI) is unavailable to the patient for inspection.
- Protected Health Information (PHI) is accurate and complete according to author.
- OTHER (If other, please explain why below.)**

Comments of Health care practitioner:

Provider Printed Name:

Provider Signature:

Date:

If your request is denied:

- you may submit a statement disagreeing with the denial.
- you may request that your original amendment request and/or your disagreement with the denial be attached to future disclosures of your personal health information.
- you may file a complaint with the institution or the U.S. Department of Health and Human Services.

The facility has 60 days to respond to the amendment request from the date of receipt. If the facility is unable to act on the request within 60 days, an extension of 30 days may be necessary. If an extension is necessary, notification will be provided along with a written explanation.