Patient's Name: _____

Last First Middle

Home Address: _____

_____

Home Telephone: _____ **Date of Birth:** _____

I hereby request that Meriter Hospital and/or Meriter Clinics amend [please check all boxes that apply]:

☐ My medical records

I understand that Meriter Hospital and/or Meriter Clinics may deny this request as permitted under federal law. I further understand that if Meriter Hospital and/or Meriter Clinics denies my request, I will be informed in writing by Meriter Hospital and/or Meriter Clinics of its reason for the denial and what I should do if I disagree with the denial. I further understand that Meriter Hospital and/or Meriter Clinics will notify me of its decision to accept or deny my request within sixty (60) days of receiving this request. If Meriter Hospital and/Meriter Clincs is unable to comply with my request within this time frame, I understand that it may extend the applicable deadline for up to and additional thirty (30) days by notifying me in writing.

1. Describe the information you want amended (e.g., procedures, nursing/physician notes, test results)

_____

_____

_____

_____

2. Date (s) of information to be amended (e.g., date of office visit, treatment, or other health care services)

_____

3. What is your reason for making this request?_____

_____

_____

4. How is the entry incorrect, incomplete or outdated?

_____

_____

5. What should the entry say to be more accurate or complete? (Please be as specific as possible)

_____

_____

_____

6. Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan, or other health care provider)?

☐ Yes ☐ No

If yes, please specify the name(s) and address(es) of the organization(s) or individual(s)

_____

_____

_____

_____

_____ _____

Signature of Patient (or Legal Guardian/Parent) Date/Time

_____ _____

Witness Signature Date/Time

For Meriter Hospital and Clinics System Use Only

Amendment has been: ☐ Accepted ☐ Denied

If denied, check the reason for denial:

☐ Protected Health Information was not created by Meriter Hospital and Clinics
☐ Protected Health Information is not part of the patient's Designated Record Set
☐ Protected Health Information is not accessible by the patient under Meriter Hospital and Clinics policy regarding the patient's right to access his or her Protected Health Information
☐ Protected Health Information is accurate and complete.

Comments: _____

_____

_____

_____

_____

_____ _____ _____

Signature of Director of Health Information Management Date Time