

REQUEST FOR AMENDMENT TO MEDICAL RECORDS

Please print all information

I hereby request that the following item(s) in the medical record of _____, _____
(Patient name)
_____ be amended or corrected.
(Date of birth)

The reason I am requesting an amendment is:

- There is an error in the record
- The record is incomplete
- A diagnosis is incorrect
- Other: *(Please explain)* _____

Date(s) of Medical Record entry to be amended/corrected: _____

Please explain what portion of the medical record you believe is incorrect.

Please explain how the entry should read to be more accurate or complete.

Patient Name: _____

Patient Date of Birth: _____

We will inform you when this request is accepted or denied. Please note that medical records will not be amended for billing purposes unless medically justified. Regardless of whether we accept or decline this amendment request, would you like this form to be permanently added to the patient's medical record and disclosed whenever the information at issue is released? Yes No

If we accept this amendment request, would you like a copy of this amendment sent to anyone who we may have disclosed information to? If so, please specify the name and address of the organization or individual:

Name: _____

Address: _____

City, State, Zip: _____

Patient/Legal Representative Name¹

Patient/Legal Representative Signature

Date

Relationship to patient: Self Biological parent Legal guardian Power of attorney

Please submit this completed form via the following options:

Email: patientconcerns@hahn.org

Fax: (518) 832-7902

Mail:

9 Carey Rd.

Attn: Compliance Department

Queensbury, NY 12804

¹ A legal representative is a biological parent, legal guardian, or durable power of attorney. Authorization to sign this document is not granted to an individual with sole status as the patient's health care proxy.