

Patient Name: _____ Medical Record Number: _____

Date of Birth: _____

Patient Address: _____

Date of Entry to be Amended: _____ Type of Entry to be Amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Signature of Patient or Legal Representative	Date _____ Time _____

Note to Requestor: This statement needs to be filed with the facility of origin. Sarah Bush Lincoln Health Center (SBL) requests will be facilitated by Medical Record Management and/or Patient Representative. Physician clinic requests will be handled by the area Directors and can be filed in the main office at the Medical Record Management Department at the hospital or physician's office. Home Health and Hospice requests will be handled by the Director. Fayette County Hospital District (FCHD) requests will be facilitated by Health Information Management. SBL or FCHD applicable staff will reply to your request no later than 60 days after receipt of the amendment. Provided SBL or FCHD gives the individual a written statement of the reason for the delay, and the date by which the amendment will be processed, SBL or FCHD may have a one-time extension of up to 30 days for an amendment request.

Clinic Scan to: HIPAA Privacy Documents

**REQUEST FOR AMENDMENT OF
 PROTECTED HEALTH INFORMATION**



