

HIPAA Manual

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____ DOB: _____

Street Address: _____

City/State/Zip: _____

- Type of Entry to be Amended:
- Visit Note
 - Medical Assistant or Nurse Note
 - Hospital Note
 - Prescription Information
 - Patient History
 - Other _____

Please explain how the entry is inaccurate or incomplete.

- Check here if continued on back or another sheet.

Please specify what the entry should say to be more accurate or complete.

- Check here if continued on back or another sheet.

Signature of Patient or Legal Guardian

Date

For Internal Use Only:

Date Received: _____ By: _____