

## PATIENT REQUEST TO AMEND A DESIGNATED RECORD SET

**This form must be complete and legible in order to be processed.**

**Top Section:** Complete all fields.

**Section 1:** Fill in this section with the name of the provider who recorded the information, the date of service, the specific report where the item is to be corrected, e.g. Discharge Summary, History & Physical, etc. Under explanation, state the correction that needs to be made. If extra space is required, include an additional page with this request.

**Section 2:** If we decide to change the information as you requested, we will send the change to any person who received the information before it was changed. Complete this section if you wish us to send the amended documents to another party, such as an insurance company or an attorney. If there is more than one party that need a copy, include an additional page with this request.

**Section 3:** The patient usually signs this form. If a personal representative completes this form on behalf of the patient, proof of authority must be provided.

**Important:** The physician or provider may or may not supplement the record with an addendum based on this request. The physician or provider cannot alter the original documentation in the record. Your request may be denied if:

- We did not create the information or the person who did create it is not available to act on your request to change it (for instance, the originator has passed or moved away);
- The information is, in our judgment, accurate and complete;
- You do not have the legal right to view or access the information you want to change;
- The information is not part of the medical and/or billing records we use to make decisions about your care, treatment, and payment.

A letter of acceptance or denial will be provided within the legal time frame of your residential state. If you disagree with the denial letter, all documents related to the request for amendment will become part of your permanent medical record and will be included with any future authorized disclosures. If you have any concerns with this request, please contact Providence Health & Services at:

