



*We Rebuild Lives.*

### REQUEST TO AMEND PATIENT'S RECORD

Date of Request

Patient Name

Requestor's Name

Relationship to Patient

Patient's Date of Birth

Please describe the information to be amended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for requesting the amendment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If necessary, attach any supportive information related to request.

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#### FOR OFFICE USE ONLY

Medical Record # \_\_\_\_\_

If applicable, name of author of entry related to request:

\_\_\_\_\_  
(Attach written response, if any.)

Request was:  Approved                      on \_\_\_\_\_, 200\_\_  
                   Denied

Requests to Amend Medical Record Entry(ies) – Author Response

Where appropriate, the author of a medical record entry may be requested to or may wish to submit a response to the information that the patient is requesting be appended to the patient’s record. This form may be used to document the author’s response and/or any information that will clarify the information or assist CSC in determining whether the request should be accepted or denied.

Patient Name

Medical Record #

Author of Entry

Date of Entry or Entries

Comments or Additional Information related to the Entry and/or the Request to Append Information:

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Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_