



Patient Sticker

**REQUEST FOR CORRECTION/AMENDMENT
OF HEALTH INFORMATION**

Patient Name: _____ Birth Date: _____

Patient Address: _____ Telephone #: _____

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

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

If you would like this amendment sent to anyone to whom we may have disclosed the information in the past, please specify below the name(s) and address(es) of these organization(s) or individual(s).

Name Address

Name Address

Signature of Patient (or Legal Representative, also stating relationship) Date

NOTIFY TEAM LEADER OF HIM (HEALTH INFORMATION MANAGEMENT) UPON RECEIVAL OF REQUESTS

For Bellin Health System Use Only: Medical Record #: _____ Admission #: _____

Date Received: _____ Ext. Applied For: Yes No Date Resolved: _____

Amendment Has Been: Accepted Denied

- Reason for Denial:
- Personal health information is accurate and complete.
 - Personal health information was not created by this organization.
 - Personal health information is not part of the patient's designated record set.
 - Personal health information is not available to the patient for inspection as required by Federal law.

Amendment forwarded to: _____

Print Name and Title of Health Care Practitioner

Comments of Health Care Practitioner Who Generated the Information:

Signature of Health Care Practitioner Date