



**Health Information Amendment/Correction Form**

To request an amendment to your health information, complete this form in its entirety (items 1-12) and submit to the Director of the Medical Records Department of the appropriate RSFH facility. The director or designee will process all requests regardless of the site location. A response to your request will be forwarded in writing within 60 days of receiving your written request.

1. Patient Name: \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_

3. Patient Address Street, City, State and Zip Code: \_\_\_\_\_  
\_\_\_\_\_

4. Describe the information you want amended (i.e., lab results, physician notes) \_\_\_\_\_  
\_\_\_\_\_

5. Date(s) of the information to be amended (i.e., date of surgery, physician note) \_\_\_\_\_  
\_\_\_\_\_

6. List the treatment facility (i.e., Roper Hospital, St. Francis Hospital, diagnostic center) \_\_\_\_\_  
\_\_\_\_\_

7. Check reason for request: ( ) Information is incorrect ( ) Information is incomplete ( ) Information is outdated

8. How is the current information incorrect, incomplete or outdated? \_\_\_\_\_  
\_\_\_\_\_

9. What should the information say to be more accurate or complete? \_\_\_\_\_  
\_\_\_\_\_

10. Do you know of anyone who may have received or relied on the information in question (i.e., physician, pharmacy, hospital, health plan)? ( ) Yes ( ) No

11. If yes, please provide name(s), address(es), of the organization(s) or individual(s): \_\_\_\_\_  
\_\_\_\_\_

12. Signature: \_\_\_\_\_ 13. Today's Date: \_\_\_\_\_  
(Patient/Legal Representative)

**For RSFH Use Only**

- Accepted
- Denied

If denied, check reason for denial:

- Personal health record was not created by this organization
- Personal health record is not available to the patient for inspection as required by federal law
- Personal health record is not part of the patient's designated record
- Personal health record is accurate and complete

Comments:

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

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

Print name & title: \_\_\_\_\_