

**Driscoll Children's Hospital
Request for Amendment of Health Information**

Patient Name: _____

Patient Account #: _____ **Medical Record #:** _____

Patient Address: _____

Date of entry to be amended: _____ **Type of entry to be amended:** _____

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

I authorize the release of the amended information described on the form to the following parties (additional parties can be listed on the back of this form):

| | |
|---------------|------------------|
| _____ Name | _____ Address |
|---------------|------------------|

| | |
|--|---------------|
| _____ Signature of Patient or Personal Representative | _____ Date |
|--|---------------|

For Healthcare Organization Use Only:

Date Received _____ Amendment has been: Accepted Denied

If denied, check reason for denial:

PHI was not created by this organization PHI is not a part of patient's designated record set

PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes) PHI is accurate and complete

Comments of Healthcare Practitioner (Clinician-author):

| | |
|--|----------------|
| _____ Name of Healthcare Practitioner | _____ Title |
|--|----------------|

| | |
|---|---------------|
| _____ Signature of Healthcare Practitioner | _____ Date |
|---|---------------|

Top copy: Medical or Billing Record of Patient

Second copy: Author

Bottom copy: Requestor