

HIPAA Manual

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

- Type of Entry to be Amended:
- Visit Note
  - Medical Assistant or Nurse Note
  - Hospital Note
  - Prescription Information
  - Patient History
  - Other \_\_\_\_\_

Please explain how the entry is inaccurate or incomplete.

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

- Check here if continued on back or another sheet.

Please specify what the entry should say to be more accurate or complete.

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

- Check here if continued on back or another sheet.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

For Internal Use Only:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_