



REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

I understand I have the right to request amendment to my protected health information in my Medical Record (chart).

Beebe Healthcare has the right to deny my request for amendment to the extent allowed by law but must provide an explanation of the denial. Pursuant to that right, I hereby request the Health Information Management staff to make the following amendment to my protected health information record:

[Directions to Patient: Identify the specific item to be changed by date and description then note the way in which you wish the item to be changed].

Date of item in chart: \_\_\_ / \_\_\_ / \_\_\_

Please describe the way it reads now and the location of the documentation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

Please describe the way you wish to have this item amended (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I am requesting this change for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature of Patient or Personal Representative) (Date) (Signature of Witness) (Date)

\_\_\_\_\_  
(Printed Patient Name or Personal Representative) Patient Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship of Personal Representative: \_\_\_\_\_