
Family Medicine and More

Request for Amendment of Protected Health Information

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. Family Medicine and More will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

Print Patient Name: _____ Date of Birth: _____

Amendment Request

I, _____ (print name) hereby request that the following health information pertaining to me be amended. *(Describe the information that you believe is incorrect or incomplete):*

I believe that the information that you currently have on file is incomplete or incorrect for the following reasons:

I believe that the correct information is as follows:

Additionally, I request that the following people be notified of the correction:

Patient Signature: _____ Date: _____
