# Request for Amendment/Correction of Health Information

## Health Information Management

As a patient, you have the right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. Frederick Health Hospital will review your request and respond to you within sixty days of receipt. If we are not able to act on this request in 60 days, we will notify you of the reasons for the delay. The Privacy Officer will serve as the point of contact for this amendment request and can be reached at 240-566-3877. Please mail or fax this form to Health Information Management (Medical Records) at:

**1 Frederick Health Way**
**Frederick, MD**
**FAX: 240-566-3634**

A requested amendment of the medical record will not be made if Frederick Health did not create the health information, or if the information is already accurate and complete. Additionally, Frederick Health will notify individuals identified by you and involved in your care of an amendment change.

I, (PRINT NAME:) _____ (DATE OF BIRTH:) _____
believe that the following health information pertaining to me is incorrect or incomplete **(please list below, or attach a copy of the challenged entry in the medical record)**.

I hereby request that you amend the health information identified above as follows:

I believe that the information described above is incomplete or incorrect for the following reasons:

I request that the following individuals involved in my care be notified of the amendment/correction:

| **Name** | **Address** |
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SIGNATURE DATE

PRINT NAME TELEPHONE

If not signed by the patient, please indicate relationship to patient:

- ○ Parent or guardian of minor patient
- ○ Guardian or conservator of an incompetent patient
- ○ Beneficiary or personal representative of deceased patient
- ◉ Other (specify): _____

Health Information Management
1 Frederick Health Way | Frederick, MD 21701 | 240 566 3444 | FAX 240 566-3634

Frederick Health
YOUR COMMUNITY OF CARE