



Patient Name: _____ Medical Record Number: _____
 Date of Birth: _____
 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?

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual.

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Signature of Patient or Legal Representative	Date

Note to Requestor: This statement needs to be filed with the facility of origin. Health Center requests will be facilitated by Medical Record Management and/or Patient Representative. Practice Management requests will be handled by the area Directors and can be filed in the main office at the hospital or physician's office. Hospice requests will be handled by the Director and can be filed at the branch offices. SBL will reply to your request no later than 60 days after receipt of the amendment. Provided Sarah Bush Lincoln gives the individual a written statement of the reason for the delay, and the date by which the amendment will be processed, SBL may have a one-time extension of up to 30 days for an amendment request.





For SBL Use Only:

Date Received: _____ Amendment has been: ___ Accepted ___ Denied

If denied, check reason for:

- ___ Protected health information was not created by this organization
- ___ Protected health information is not part of patient's designated record set
- ___ Protected health information is not available to the patient for inspection as required by federal law
[example: psychotherapy notes]
- ___ Protected health information is accurate and complete

Comments of Medical Staff:

 Name of Staff Member

 Title

 Signature of Healthcare Practitioner

 Date

Note to Requestor: The patient or legal representative has the right to submit a written statement disagreeing with the denial. This statement needs to be filed with the facility of origin and designated representatives. The individual may contact the SBL Patient Representative at 258-2491. If the patient or legal representative does not submit a statement of disagreement, the individual may request that SBL provide the individual's request for amendment and the denial with any future disclosures of protected health information. The individual may further review their case with Health and Human Services.

