

Patient Name: Date of Birth:	Medical Record Number:
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 whor specify the name and address of the organization or ind	n we may have disclosed the information in the past? If so, please lividual.
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. System Practice requests will be handled by the area Directors and can be filed in the main office at the Health Center or physician's office. Hospice requests will be handled by the Director and can be filed at the branch offices. SBLHS 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, SBLHS may have a one-time extension of up to 30 days for an amendment request.



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For SBLHS Use Only:	
Date Received:	Amendment has been: Accepted Denied
If denied, check reason for:	
Protected health information	vas not created by this organization
Protected health information	s not part of patient's designated record set
Protected health information	s not available to the patient for inspection as required by federal law
[example: psychotherapy no	es]
Protected health information	s accurate and complete
Comments of Medical Staff:	
20.002.1	
Name of Staff Member	Title
Signature of Healthcare Practitioner	Date
	al representative has the right to submit a written statement disagreeing with the denial. This statement
	in and designated representatives. The individual may contact the SBLHS Patient Representative at 258-
	we does not submit a statement of disagreement, the individual may request that SBLHS provide the the denial with any future disclosures of protected health information. The individual may further review
their case with Health and Human Serv	