

REQUEST FOR CORRECTION/AMENDMENT
OF PROTECTED HEALTH INFORMATION (PHI)

Patient name: _____

Date of birth: _____

Patient address:

Street: _____

Apartment #: _____

City, State, ZIP: _____

Type of entry to be amended:

- Office visit record
- Hospital visit record
- Prescription information
- Patient history
- Other

Please explain how the entry is inaccurate or incomplete:

Please specify what the entry should say to be more accurate or complete:

Signed by:

Relationship to Patient:

Date:
