Request for Amendment of Medical Record Form

My service provider is: ❑ Porter-Starke Services ❑ Marram Health Center **Date(s) of Service:** _____

Patient/Client Name: _____ Medical Record Number: _____

Date of Birth: _____ Phone Number: _____

Address: _____ City: _____ State: ____ Zip Code: _____

After reviewing my medical record, I do not feel that the original documentation accurately reflects my treatment, condition, or diagnosis on the following date and should be supplemented with clarifying information in the form of an addendum to my medical record.

I understand that the physician or healthcare provider may or may not supplement my record with my addendum based on my request. I understand that my physician or other healthcare provider cannot alter the original documentation in my record. I understand that my request for amendment will be made a permanent part of my medical record and will be released with any future authorized medical record request for information.

I understand that Porter-Starke Services / Marram Health Center will respond to this request within sixty (60) days. I understand I have the opportunity to provide a statement of disagreement should my physician or healthcare provider deny my request. I understand that any statement of disagreement would become part of my medical record and will be included with any future authorized medical record request for information.

► **Reason for amendment:** _____

_____

► **I request the following correction/amendment be made to my protected health information:**

_____

_____

_____

_____

Signature of Patient/Client/Legal Representative: _____ Date: _____

Print Name: _____ Relationship to Patient/Client: _____

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

If accepted, note how the record will be updated: _____

_____

_____

If denied, note the reasons for denial: _____

_____

_____

_____

Date: _____ Signature of Clinical Staff: _____

Date Response was Sent to Patient/Client: _____ By Whom: _____

Revised: 01/2025, 06/2025