DENVER HEALTH MEDICAL CENTER

REQUEST FOR AMENDMENT OF THE MEDICAL RECORD

*Send to HIM - Data Integrity Email: DL_DataIntegrity@dhha.org

Patient Name:_____ Phone Number: _____ DOB: _____

Medical Record Number: _____ Email: _____ Address: _____

After review of my medical record, I disagree that the original documentation made by: _____
(Author/s)

accurately reflects my condition/diagnosis/treatment on the following service date(s): _____

_____

and should be supplemented with clarifying information in the form of an addendum to the medical record.

I understand that the physician or other care provider may or may not supplement the medical record with an addendum based on my request. I also understand the addendum request will be made part of my permanent medical record. If the amendment is denied, I can submit a written statement of disagreement, and all future disclosures of my medical information will include the denial letter and the statement of disagreement. That request must be received by the HIM department within 30 days of the denial.

I request the following correction/amendment to be made on my medical record:

_____

_____

_____

_____ _____

Signature (Patient or Legal Representative) Date

SECTION II – To be completed by Author

_____ The author will make the appropriate amendment to the medical record by, at a minimum, identifying the records in the Legal Medical Record (LMR)/Data Record Set (DRS) that are affected by the amendment and appending, linking, or otherwise amending the record in accordance with DHHA "Correction of Medical Record Entries" Administrative Procedure.

_____ DHHA denies the individual's request for an amendment in whole or part due to one of the following reasons if it is determined that the PHI or Record:

- ☐ was not created by DHHA or the originator of the record is no longer available to act on the requested amendment;
- ☐ is not part of the LMR/DRS;
- ☐ would not be available for inspection under HIPAA § 164.524; or
- ☐ is accurate and complete.

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_____

Care Provider Signature/Title Date (mm/dd/yy) Time (00:00)