

JUPITER MEDICAL CENTER
**REQUEST FOR CORRECTION/AMENDMENT OF HEALTH
INFORMATION**

Patient Name: _____ Birthdate: _____

Social Security #: _____

Date(s) 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 amendemnt 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

Name

Address

Address

City, State, Zip

City, State, Zip

Signature of patient or legal representative

Date

For Jupiter Medical Center staff only:

Medical Record #: _____

Date Received: _____ Amendment has been: accepted not accepted

If denied, check reason for denial:

PHI was not created by this organization Other: _____

PHI is accurate and complete _____

Comments of Healthcare Practitioner: _____

SIGNATURE

DATE