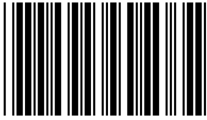

CHILDREN'S MEDICAL CENTER

☐ 1935 Medical District Drive • Dallas, Texas 75235
☐ 7601 Preston Road • Plano, Texas 75024
Dallas (214) 456-7000 Legacy (469) 303-7000

ROIF
CMC52525-001NS **Rev. 04/2009**

Request for an Amendment of Health Information

Medical record number: ____________________

Patient: ____________________

Date of birth: ____________

All requests shall be forwarded to Health Information Management for a determination of action. Requests to amend clinical information requires documentation of medical / dental staff review on the Agreement to or Denial of Amendment Request letter.

I request that the health information of the named patient be amended as described below. I understand that my amendment request may or may not be approved. The request will not be processed if it does not include a reason to support the request. I will receive a response no later than 60 days from the receipt of the request unless I am notified in writing that an extension of up to 30 days is needed.

INFORMATION TO BE AMENDED

Identify date(s) of the information to be changed / amended ____________________

Describe what information should be changed / amended / added. Be specific.

____

____

____

State the reason(s) that supports your request. Copies of supporting documentation may be furnished, if applicable.

____

____

Specify the name and address of the person or organization that this amendment, if accepted, should be sent to.

Name	Name
Street	Street
City, State, Zip Code	City, State, Zip Code

Patient name: ____________________ Date of birth: ____________

Patient / Parent / Legal guardian signature: ____________________

Printed Name: ____________ Relationship to patient: ____________ Date: ____________

TO BE COMPLETED BY PERSON PROCESSING REQUEST

Date received: ____________ Received by: ____________ Department: ____________

Medical record number / account number ____________________

Review required by: ____________ Date submitted: ____________ Date of response: ____________

See Agreement to or Denial of Amendment Request letter