

REQUEST TO AMEND OR SUPPLEMENT RECORDS FORM

According to the Health Information Portability and Accountability Act of 1996 you have a right to request that health information pertaining to you be amended if you believe that it is incorrect or incomplete. Your request will be reviewed by the appropriate persons involved in your care. If your request to amend is granted, your record will be revised or amended and you will be provided with a copy of that document. If your request is not granted, you will be provided with an explanation as to the reason. If your request is not granted, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

Please fill in the following information:

Date of Request: _____ Facility: _____

Patient Name: _____ Birth Date: _____ Phone Number: _____

Patient Address: _____

Patient E-mail Address: _____

Describe the information you want amended/supplemented (e.g., History & Physical, physician notes):

Date(s) of information to be amended (e.g., date of office visit, treatment, or other health care services):

What is the reason for making this request? _____

Describe how the entry is incorrect or incomplete (use additional paper if necessary):

If your record is amended, would you like us to provide the amended document to anyone? Please provide the contact information below:

**Entity Name: _____ Address: _____

Phone: _____ Fax: _____ Email Address: _____

Signature of Patient or Legally Authorized Representative

Date

Print Name

Relationship to Patient

Mail your request to Health Information Management (HIM), 1650 Cowles Street, Fairbanks, AK 99701 or email to FMHRECORDS@foundationhealth.org