



Aurora Clinic
Request for Correction/Amendment of Medical Records

I, _____, hereby request that the following item(s) in my medical record or the medical record of my minor child be amended / corrected as follows:

Patient Name

Patient Date of Birth

Date of entry to be corrected/amended

Type of note to be corrected/amended

The reason I am requesting an amendment is:

- There is an error in the record The record is incomplete
- A diagnosis is incorrect Other _____

Please explain what portion of the medical record you believe is incorrect.

Please explain how the entry should read to be more accurate or complete.

Action must be taken within 60 days of the receipt of the request. We will inform you when this request is accepted or denied. The clinic may request a 30 day extension to respond if there are extenuating circumstances.

Please note that medical records will not be amended for billing purposes unless medically justified.

If we accept amendment, would you like a copy of this amendment sent to anyone who we may have disclosed information to? If so, please specify the name and address of the organization or individual:

Name: _____

Address: _____

City, State, Zip: _____

Patient's Printed Name

Date of Birth

Patient/Legal Representative Signature

Date

Relationship to Patient

Witness

Date

For Office Use Only

Correction/Amendment has been:

- Accepted
- Denied

If denied, please check reason for denial:

- PHI was not created by Aurora Clinic
- PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes)
- PHI is accurate and complete
- PHI is not part of patients designated record set

Comments of Provider:

Provider's Signature

Date

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