



**ELMHURST MEMORIAL HEALTHCARE  
 ELMHURST MEMORIAL CLINIC**

**REQUEST FOR AMENDMENT OF HEALTH INFORMATION**

PATIENT NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

MEDICAL RECORD NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: (Home) ( ) - (Office) ( ) -

Please identify below the documentation you believe does not accurately reflect your condition, diagnosis or treatment. The health care provider who made the entry may or may not supplement the medical record based on this request. Under no circumstances will the original documentation in the medical record be altered. This request for amendment will be made part of your permanent medical record and will be sent as part of the medical record in response to any request for the record that includes the information identified above and is authorized in accordance with hospital policy.

HEALTH CARE PROVIDER NAME: \_\_\_\_\_

DATE AND TIME OF ENTRY: \_\_\_\_\_

PLEASE INDICATE THE AMENDMENT REQUESTED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEALTH CARE PROVIDER RESPONSE**

- A correction or amendment will be made part of the permanent medical record.
- The request for amendment has been denied for the following reason(s):
  - The record is accurate and complete as written.
  - The health care provider who wrote the entry is no longer associated with the hospital.
  - Other (specify reason for denial):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE OF AUTHOR OR MEDICAL RECORDS**

PERSONNEL: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Elmhurst Memorial Healthcare**

200 Berteau Ave • Elmhurst, Illinois 60126 • 630-833-1400



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**REQUEST FOR AMENDMENT OF HEALTH INFORMATION**

PATIENT: If your request was denied, you have a right to submit a one-page written statement disagreeing with the denial to the hospital's Medical Records Department at the address indicated below. You may also file a complaint with the hospital's Legal Affairs Department at (630) 833-1400, ext. 41020. You may also contact the hospital's Privacy Officer at (630) 833-1400, ext. 41340, who handles complaints regarding the federal privacy rule.

If an amendment is made to any information in the medical record, the patient may request that any person receive a copy of the amendment. Please identify below the name and address of all individuals you wish to receive a copy of the amendment:

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**All Requests for Amendment of Health Information and any statement of disagreement resulting from such a request should be sent to:**

**Medical Records Department  
Elmhurst Memorial Hospital  
200 Berteau Avenue  
Elmhurst, Illinois 60126**