



Request for Amendment of the Medical Record

Pursuant to 45 CFR §164.526, UCS Healthcare patients have the right to request an amendment to their health record. This form is to be used by patients who believe their medical or billing record is incorrect, and would like to request a change. Changes to the medical record will only be made by the UCS provider who originally created the documentation. Individuals will receive a written response within 60 days of UCS Healthcare's receipt of the request.

Patient Name: _____

Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Request

After reviewing my medical record, I do not agree with the documentation regarding the services I received on:

DATE _____

FROM PROVIDER: _____

I request the following amendment be made to my medical record:

· Medical Record Language to be Amended/Corrected:

· Requested change to Medical Record Language:

Turn page for signatures

I understand this request will be reviewed by the provider. The provider may choose to accept or deny my request.

If the request is approved, I understand I can complete a Patient Records Request form (located on UCS website) to have the updated record sent to an outside entity that received the original medical record.

SIGNATURE: _____

RELATIONSHIP TO PATIENT: _____

AGENCY RESPONSE

_____ The requested amendment will be added to your permanent medical record.

_____ Your request has been made a part of your permanent medical record.
However, the requested amendment will not be made for the following reason:

SIGNATURE: _____ DATE: _____