slocum
orthopedics, p.c.

Medical Records Amendment/Correction

Patient Name:_____ Date of Birth:_____

Patient Address:_____ Phone:_____
Street or PO Box

_____
City State Zip

1. Date of Medical Record Entry to be Corrected:_____
2. Medical Record Language to be Amended/Corrected:_____
_____
3. Amendment/Correction:_____
_____
4. Reason for the Amendment/Correction:_____
_____
5. Please help us identify persons who have received the information (prior to Amendment/Correction):

Name	Organization Address	Phone Number
		( )
		( )
		( )
		( )

6. Do you authorize us to provide the information in questions 3 and 4 to the persons/organizations listed in question 5?

☐ Yes

☐ No Do not provide the information to:_____

TO OUR PATIENTS: You have the right to submit a Medical Record Amendment/ Correction sheet to be made a part of your medical record. This right does not permit you to alter or change original record created by your physician or his/her staff. We may deny your request to amend or correct your records.

_____ _____
Signature of patient Date

For internal use only

☐ Amendment/Correction **Accepted** ☐ Amendment/Correction **Denied**

Reason for Denial:_____

This Amendment/Correction form is to be made a part of the medical record of:

_____ _____
Name of patient Date

Please see reverse side

If we have denied your requested amendment/correction, you have the right to submit a written statement disagreeing with the denial and your reason for disagreement. We may reasonably limit the length of your written statement, and we may prepare a rebuttal to your written statement of disagreement (and provide you with a copy).

If we have denied your requested amendment/correction and you do not submit a written statement of disagreement as discussed above, you may request that we include a copy of this document with any future disclosures of the information identified in questions 1 and 2 above. Please make your request in writing, and sign and date the request.

If you believe we have failed to meet our obligations as explained in our "Notice Of Privacy Practices" or our legal obligations under state or federal law, you may contact Kathy McBride in our office at (541) 868-3233, regarding your complaint, and you may file a complaint with Secretary of the U.S. Department of Health and Human Services within 180 days of the date you know or should know of the act that is the subject of your complaint. Your complaint to the Secretary must be filed in writing, either electronically, or on paper.

Signature of Slocum Center Staff

Date