



**Covenant HealthCare**  
 1447 North Harrison  
 Saginaw, MI 48602

**AMENDMENT/  
 HEALTH RECORD CORRECTION**

PF02124 (R 1/04)

PATIENT I.D.

Patient Name: \_\_\_\_\_ Patient Birth Date: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Medical Record Number: \_\_\_\_\_ Date of Entry to be amended: \_\_\_\_\_

Explain how the information entered in your health record is incorrect or incomplete. Include what the information should say to be more accurate or complete.

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

Do you need this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please indicate the name and address of the individual or organization.

Name and Address: \_\_\_\_\_

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

Signature of Patient or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

**FOR COVENANT HEALTHCARE'S USE ONLY:**

Date Amendment Request received: \_\_\_\_\_ Amendment Status: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_

If Amendment Request is denied, check reason for denial:

- The Protected Health Information was not created by this organization.
- The Protected Health Information is not available to the patient for inspection as required by law (e.g., psychotherapy notes).
- The Protected Health Information is not part of the patient's health record.
- The Protected Health Information is accurate and complete.

Name of Staff Member: \_\_\_\_\_ Title: \_\_\_\_\_

Comments of Healthcare Practitioner: \_\_\_\_\_

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

Signature of Healthcare Practitioner \_\_\_\_\_ Date \_\_\_\_\_