COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

AMENDMENT/ HEALTH RECORD CORRECTION

PF02124 (R 8/26)

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 OR the originator of the PHI is no longer available to act on the requested amendment..

☐ 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