

Medical Record Amendment/Correction Form

Patient Name: _____ Phone Number: _____ (Day)
_____ (Evening)

Patient Address: _____
(Address Line 1)

_____ (Address Line 2)

_____ (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 Items no. 3 and no. 4 to the persons/ organizations listed in Item no. 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 the original record created by your physician or his/her staff. We may deny all or part of your request to amend or correct your records.*

Signature of Patient: _____ Date: _____

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

Reason for Denial: _____

This Amendment/Correction Sheet Is to Be Made a Part of the Medical Record of:

(Patient Name)

(Date)

*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, you may request that we include a copy of this document with any future disclosures of the information identified in Items no. 1 and no. 2 above. Please make your request in writing, and sign and date the request.

Please send written statements to:

Northwest Gastroenterology

Attn: Privacy Officer

1130 NW 22nd Ave, Ste 410, Portland, Oregon 97210

Or

Fax: 503-241-0628

Or

Email: compliance@nwgastro.net

Questions? Call 503-229-7137