



# Cleveland Clinic

## Request for Amendment of Health Information

**NOTE: Sections A, B & C of this form must be completed in full (please print clearly) and the form must be signed and dated. Submission of an incomplete form may delay processing your request.**

<b>SECTION A – Patient information:</b>	
Patient Name (First, Middle and Last)	Cleveland Clinic Medical Record #
Current Address (Mailing address if different from current address)	City State Zip
Last 4 Digits of Social Security Number	Phone Number Date of Birth ( ) /

### SECTION B – Description of health information you are requesting to be amended:

1. Information requested to be changed:

Date of Visit/Service	Information Type (Office visit, ER note, Procedure Note, etc.)	Provider Name & Facility (if known)

2. What is the reason for this change (amendment) request?

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3. What does the current information say that you believe is inaccurate?

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4. What change to the documentation do you believe would improve accuracy of your information?

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### SECTION C – Understanding your right to request an amendment of your health information:

I understand I have the right to request an amendment to my health information maintained in a designated record set at Cleveland Clinic. I understand Cleveland Clinic is not always required to make the amendments I have requested; however, my request for amendment will be carefully reviewed and amendments will be made when warranted. I understand that I will receive a written response regarding my request to amend within 60 days. If Cleveland Clinic denies my request (in whole or in part), I will receive an explanation of why it was denied and what my options are.

Signature of Patient/Patient's Personal Representative\*: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name : \_\_\_\_\_ Relationship, if not Patient : \_\_\_\_\_

*\*If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative MUST accompany the request (e.g. court appointed guardian, durable power of attorney for health care). Exception: parent signing for a patient under the age of eighteen. For a deceased patient, a court entry or order appointing a fiduciary, executor, or administrator, or letters of appointment received from Probate Court must accompany an amendment request signed by the named individual. If the estate has not been probated, a completed amendment request, death certificate and personal representation form all MUST be submitted.*

**Please send this form to:** Health Information Management, Attn: EHR, RK2-1 6801 Brecksville Rd, Independence, OH 44131