

Request for Amendment of Medical Record

Date: _____

Request made by: _____ Relationship to patient: _____

Address: _____

RE: Patient Name: _____

Reason for your request: _____

Document to be revised if known: _____

Johnstown Heights Medical Records will review your request for an amendment to your health information and will respond within 30 days of receipt of this written request with a determination.

A request may be denied for the following reason(s):

- You did not include a reason to support your request.
- The information we have is considered accurate and complete.
- We did not create the information you are requesting to amend and the person who created the information is still available to make the amendment.
- The information you are requesting to amend is not a part of the designated record set.
- The information you would like to amend would not be available for you to access or copy, and therefore is not also available for you to request an amendment.

You have the right to submit to Johnstown Heights a written statement disagreeing with the denial. The statement must include the basis of your disagreement and should not exceed two pages in length.

Johnstown Heights may prepare a written rebuttal to your statement of disagreement. If so, we will provide you with a copy.

If you do not submit a statement of disagreement, you may request in writing Johnstown Heights include both the request for amendment and the denial with any future disclosures of the Health Information in question. You may submit the written statement to:

Johnstown Heights Behavioral Health Medical Records

If you have any questions, please contact the Director of Compliance and Risk

Signature

Date