



Osceola Medical Center
 2600 65th Avenue
 P.O. Box 218
 Osceola, WI 54020
 Medical Records Fax: 715-294-2874

REQUEST FOR AMENDMENT OF THE MEDICAL RECORD

Patient Name: _____ Patient Birth Date: _____

Patient Address: _____

Patient Telephone Number: _____ Date of Entry to be amended: _____

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

I understand the provider may or may not supplement the medical record with an addendum based on my request and under no circumstances is able to alter the original documentation of the medical record. If approved, this request for an addendum will be made part of my permanent medical record and will be sent as part of the medical record in response to any authorized requests for my medical information.

Do you need the amendment sent to anyone to whom we may have disclosed the information in the past?
 ___ Yes ___ No If yes, please indicate the name and address of the individual or organization.

Name and Address: _____

Signature of Patient or Authorized Person _____ Date _____
 (If authorized person, please also print name and identify authority and reason below.)
 Authority to sign: Parent Guardian Legal Agent Reason patient unable to sign: Minor Deceased Other: _____

FOR OSCEOLA MEDICAL CENTER USE ONLY:

Patient Name: _____ Patient Birth Date: _____

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: _____

Comment of Healthcare Provider:

Signature of Healthcare Provider

Date