

Managing Amendments in an HIE Environment. Appendix B AHIMA Sample Patient Request to Amend the Health Record

Save to myBoK

Patient Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

I have reviewed my health record; I do not feel the information in the record made by _____ is correct.

This date(s) of service _____ should be updated with the following information:

This form may be returned to your clinic or mailed directly to: [insert name of organization and address/fax number]

Signature: _____ Date: _____

AHIMA Sample Provider Response

Checkbox An amendment will be made to your permanent health record.

A partial amendment will be made to your permanent health record. The following information will be amended per the request:

This request for an amendment has been made a part of your permanent record; however, your request to amend your health record directly has been denied for the following reasons:

Provider Signature: _____

Date: _____

If you disagree with the provider, you may submit a written statement of disagreement.

(Attach copy of Statement of Disagreement for patient)

Reference: AHIMA. "Amendments in the Electronic Health Record Toolkit." 2012. pp. 29-30.

<http://library.ahima.org/PdfView?oid=105672>.

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