University of Missouri HEALTH CARE

University Hospital
Medical Records
One Hospital Drive, DC042.00
Columbia, Missouri 65212
Phone (573) 882-3170

Request for Correction/Amendment of Health Information

Instructions: Please fill out form and return to the address in the upper right corner. You will be notified in writing of your health care provider's decision. Thank you.

Patient Name: _____ Date of Birth: _____

_____

Address City, State Zip Phone Number

Date of entry to be amended: _____

Type of entry to be amended: _____

Please explain how the entry is incorrect/incomplete. What should the entry say to be more accurate/complete?

_____

_____

_____

Would you like this correction/amendment (if approved) sent to anyone that we have disclosed the information to in the past? If so, please specify the name/address of the entity or individual.

_____

Name of Person and Entity Receiving Information Address of Person and Entity Receiving Information

_____

Signature of Patient or Legal Representative Date

***For University Health Care Use Only*:**

Date Received: _____ Correction/Amendment has been: ☐ Accepted ☐ Denied

If denied, check reason:
- ☐ PHI is accurate and complete
- ☐ PHI was not created by this organization
- ☐ PHI is not a part of patient's designated record set
- ☐ PHI is not available to the patient for inspection as required by federal law

Health care provider comments: _____

_____

_____

_____

Signature of health care provider Title Date