

AMENDMENT OF MEDICAL RECORD REQUEST (By Patient)

568-029 / 03-21

<input type="checkbox"/> Laureate Psychiatric Clinic & Hospital	<input type="checkbox"/> Saint Francis Home Health	<input type="checkbox"/> Saint Francis Hospice	<input type="checkbox"/> Saint Francis Hospital
<input type="checkbox"/> Saint Francis Hospital Muskogee	<input type="checkbox"/> Saint Francis Hospital South	<input type="checkbox"/> Saint Francis Hospital Vinita	<input type="checkbox"/> Warren Clinic
<input type="checkbox"/> Other			

PATIENT NAME IN FULL - PRINT	DATE OF BIRTH
------------------------------	---------------

PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
----------------------	------------------------

ADDRESS

DATE OF RECORD TO BE AMENDED	TYPE OF RECORD TO BE AMENDED
------------------------------	------------------------------

EXPLAIN HOW THE ENTRY IS INCORRECT OR INCOMPLETE

SPECIFY WHAT THE ENTRY SHOULD SAY TO BE ACCURATE OR COMPLETE

NAME AND ADDRESS OF THIRD PARTIES TO WHOM THE AMENDED MEDICAL RECORDS SHOULD BE SENT, IF ANY.

Patients may request changes to entries only in the "designated record set" (records created by healthcare providers and used in making decisions about treatment and care). I understand the healthcare provider may or may not amend the medical record based on my request and under no circumstances is able to erase the original entry of the medical record.

SIGNATURE	<input type="checkbox"/> PATIENT	DATE	TIME
	<input type="checkbox"/> PATIENT REPRESENTATIVE		

DESCRIPTION OF PATIENT REPRESENTATIVE'S LEGAL AUTHORITY(IF APPLICABLE)

Submit this form via FAX to: 918-494-6222

or via U.S. Mail to: Attn: Health Information, 6161 South Yale Avenue, Tulsa, OK 74136

FOR HOSPITAL USE ONLY

DATE RECEIVED	IF DENIED, CHECK REASON FOR DENIAL
DATE RECEIVED	<input type="checkbox"/> Information was not created by this healthcare provider
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Information is not part of patient's designated record set
	<input type="checkbox"/> Information is not available to the patient for inspection as required by law (e.g. psychotherapy notes)
	<input type="checkbox"/> Information in medical record is accurate and complete

COMMENTS OF HEALTHCARE PROVIDER

CLINICIAN NAME - PRINT

TITLE

CLINICIAN SIGNATURE

DATE	TIME
------	------

WHITE – Chart

YELLOW - Patient

