



University of Connecticut  
Health Center  
Farmington, CT 06030

|            |
|------------|
| Patient ID |
| MRN:       |
| NAME       |

HCH - 1352 EFF - 04/14/03

## REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Record Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Date of entry to be amended: \_\_\_\_\_ Type of entry to be amended: \_\_\_\_\_

After review of my record, I do not feel the original documentation made by \_\_\_\_\_ accurately reflects facts about my condition, diagnosis or treatment and should be supplemented with clarifying information in the form of an addendum to my record. I understand the physician may or may not supplement the record based on my request, and under no circumstances, is able to alter the original documentation within the record. In any event, this request for an addendum will be made part of my permanent record. It will be disclosed as part of the record in response to any authorized releases of my medical information.

I request the following amendment be made to my record (please explain how the entry is incorrect and indicate what the entry should say to be more accurate): \_\_\_\_\_

Would you like this amendment sent to anyone to whom we may have disclosed the information to in the past? If so, please specify the name and the address of the organization or individual, or UCHC Department.

Name of individual/organization/UCHC Department: \_\_\_\_\_

Address: \_\_\_\_\_

Name of individual/organization:/UCHC Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Date

### HEALTH CARE PRACTITIONER RESPONSE

### FOR UCHC USE ONLY

- In response to the patient's request the addendum will be made to the record.
- Your request has been made part of your record, however, your request for an addendum has been denied for the following reason(s):
  - Personal health information was not created by this organization
  - Personal health information is not part of the patient's designated record set
  - Personal health information is not for inspection as required by law (e.g., psychotherapy notes)
  - Personal health information is accurate and complete as it stands
  - Other \_\_\_\_\_

CLINICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Original – Author of the entry

Yellow – Patient

Pink – Medical Record

**YOUR RIGHTS AFTER DENIAL OF AMENDMENT**

**Your request for amendment to your record was denied for the reason stated on the first page of this form. UCHC is required to inform you of your right to file a complaint or disagreement with this decision.**

**Filing a complaint:**

With UCHC:  
Director of Public Relations  
University of Connecticut Health Center  
Farmington, CT 06030  
Mail Code: 1112  
Phone: 860-679-3176

With the Department of Health & Human Services  
Regional Manager, Office for Civil Rights  
DHHS Government Center  
J.F.Kennedy Federal Building – Room 1875  
Boston, Massachusetts 02203  
Voice Phone: 617-565-1340  
FAX: 617-565-3809 TDD: 617-565-1343

Your complaint must be in writing, filed within one hundred eighty (180) days of when you knew or should have known of the denial, and name UCHC as the party you are complaining against.

**Filing a Disagreement:**

You may submit a statement of disagreement to our denial of your request. UCHC may, upon receipt of your disagreement, write a rebuttal statement. Your statement and any UCHC rebuttal statement will be kept on file with your record and will be included in any future disclosures of this information.

If you do not submit a disagreement statement, you may ask UCHC to provide a copy of your request for amendment and our denial of that request with any future disclosures of this information that UCHC makes.