central peninsula hospital
250 Hospital Place, Soldotna, AK 99669

REQUEST FOR MEDICAL RECORD AMENDMENT

INCOMPLETE FORMS WILL NOT BE PROCESSED. ALL FIELDS MUST BE COMPLETED

Patient name: _____ Date of Birth: _____

Mailing Address: _____
Street Address City State Zip Code

Patient Account # _____ Date(s) of entry in question: _____

Provide your correction or additional information, and your reason for adding this information. Include supporting information to assist in determining if the record should be amended. (Use additional page if necessary.)

_____

_____

_____

_____

Please indicate if you need this amendment sent to anyone whom we may have disclosed the information to in the past. Please provide their name and address:

_____

_____ _____
Signature of patient/legal representative Date

SUBMIT COMPLETED AND SIGNED FORM TO:
CPH PRIVACY OFFICER, 250 HOSPITAL PLACE, SOLDOTNA, AK 99669
FAX: 907-714-4963

For office use only: Date request received: _____

- **Mark** _____Accepted and record amended.

_____Denied (provide your reason for denial)
- _____PHI is accurate and complete
- _____PHI is not created by this organization
- _____PHI is not part of the patient's health record
- _____PHI is not available to the patient for inspection

- Author comments and **signature & date:**

For Privacy Officer:

Record amended on _____

Copy to those listed above on _____ by _____

Patient notified on _____ by _____