

Patient Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Date of Entry to be Amended: \_\_\_\_\_ Type of Entry to be Amended: \_\_\_\_\_

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

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

_____	_____	_____
Name	Address	
_____	_____	_____
Name	Address	
_____	_____	_____
Signature of Patient or Legal Representative	Date	Time

**Note to Requestor:** This statement needs to be filed with the facility of origin. Sarah Bush Lincoln Health Center requests will be facilitated by Medical Record Management and/or Patient Representative. Practice Management physician clinic requests will be handled by the area Directors and can be filed in the main office at the Medical Record Management Department at the hospital or physician's office. Home Health and Hospice requests will be handled by the Director. Sarah Bush Lincoln Health System (SBLHS) applicable staff will reply to your request no later than 60 days after receipt of the amendment. Provided SBLHS gives the individual a written statement of the reason for the delay, the date by which the amendment will be processed, SBLHS may have a one-time extension of up to 30 days for an amendment request.



**For SBL Use Only:**

Date Received: \_\_\_\_\_ Amendment has been:  Accepted  Denied

If denied, check reason for:

- Protected health information was not created by this organization
- Protected health information is not part of patient's designated record set
- Protected health information is not available to the patient for inspection as required by federal law  
[example: psychotherapy notes]
- Protected health information is accurate and complete

**Comments of Medical Staff:**

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\_\_\_\_\_  
Name of Staff Member Title

\_\_\_\_\_  
Signature of Healthcare Practitioner Date Time

**Note to Requestor:** The patient or legal representative has the right to submit a written statement disagreeing with the denial. This statement needs to be filed with the facility of origin and designated representatives. The patient or legal representative may contact the Patient Representative at (217) 258-2491. If the patient or legal representative does not submit a statement of disagreement, he/she may request that SBLHS provide the patient's request for amendment and the denial with any future disclosures of protected health information. The patient or legal representative may further review their case with Health and Human Services.

