



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

Note to Requestor: This statement needs to be filed with the facility of origin. Health Center requests will be facilitated by Medical Record Management and/or Patient Representative. System Practice requests will be handled by the area Directors and can be filed in the main office at the Health Center or physician's office. Hospice requests will be handled by the Director and can be filed at the branch offices. SBLHS will reply to your request no later than 60 days after receipt of the amendment. Provided Sarah Bush Lincoln gives the individual a written statement of the reason for the delay, and 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.



