Samaritan Behavioral Health, Inc.

Health Information Amendment Request Form

(Client completes this form and attaches separate, signed sheet/letter containing specific requested changes and agencies which may need corrected document(s).)

You have the right to request Samaritan Behavioral Health to make corrections or amendments to the medical and health information we retain on your behalf if you believe something in that information is in error or needs to be amended. We are not always required to make the corrections or amendments you request but each request will be carefully reviewed and corrections or amendments made if warranted. You will be notified when your request has been approved or denied, unless you have either not signed the form or have not provided a reason for the requested correction or change.

Name_____

Date of Birth_____ **Admission Date**_____

Address to receive notice_____

Telephone number_____

On another sheet of paper, please provide as much detail as possible regarding the correction or amendment you seek in your medical information. Be as specific as possible regarding the record type, the location, the date and the problem. For instance, "my laboratory test results from ABC laboratory of December 5, 2000 show a blood test I never received" or "Dr. Jones in your North Street Clinic recorded in my record on December 5, 2000 that I was suffering from weakness in my right leg when in fact the weakness is in my left leg." In order to review the requested correction, we must be able to locate the record in issue and the exact entries or reports you want corrected.

Please state as precisely as possible how you would like to see the record worded.

If you are aware of anyone else (such as your physician, pharmacist, clinic, etc.) who also may have a copy, from us, of the record you seek to have corrected, please attach a list those persons or facilities with as much information as you have available regarding names and addresses.

This request will be reviewed by the Program Director/Program Administrator where you are receiving services. Once reviewed, it will be either Approved or Denied. You will be notified of SBHI's decision and if denied, the reason.

I hereby authorize Samaritan Behavioral Health, Inc. (SBHI) to notify the persons/entities that I have noted in the attached letter which may have a copy of the record I seek to have corrected and to provide them with the amended information. I understand that my signature on this form, as well as a signed letter detailing requested changes is required in order to initiate this formal request.

Print Name_____

Signature_____ **Date**_____

If patient representative, you must provide documentation or explanation of your authority to act for the patient:

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Note that no amendment request will be processed unless you or your representative have signed this form and have attached a detailed letter related to your request.