Request for Change in the Medical Record

I, ________________________________, have reviewed my health record and request the following change(s) be made. (Please be specific as to what you would like to have changed. Please refer to the attached guidelines and instructions for completing the Request to Change the Health Record.

If additional space is needed, please continue on reverse. Please check one of the boxes below:

☐ I would like my Change Request emailed to me (email address): ________________________________

☐ I would like my Change Request mailed to my on file mailing address

_____________________________  ________________________________
Patient Signature               Date

Physician Section

I APPROVE the patient requested change(s) in the Health Record, and will be correcting the change by dictating or adding an addendum to the document in question accordingly.

_____________________________  ________________________________
Physician Signature               Date

OR

I have NOT approved the patient requested change(s) in the Health Record.

_____________________________  ________________________________
Physician Signature               Date