



155 Crystal Run Road
Middletown, NY 10941

845-794-6999
www.crystalrunhealthcare.com

The Health Insurance Portability and Accountability Act (“HIPAA”) gives you the right to request an amendment to your medical record if you feel that an entry is incorrect, incomplete or requires clarification. This right only applies to factual statements in the record and not to a provider’s observations, inferences, or conclusions. There are times when Crystal Run Healthcare may not allow your record to be changed. In those cases you may prepare a statement of disagreement which must be 500 words or less.

REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Name: _____	
Patient Address: _____	
Date of Birth: _____	Phone Number: _____
Date(s) of Service to be Amended: _____	Provider(s) Name(s): _____
Document Description (e.g., office note, lab report, etc) _____ _____	
Please describe how the entry is incorrect, incomplete or requires clarification. Please attach any documents you feel are necessary to make the entry more accurate or complete. _____ _____	

PROVIDING AMENDMENT TO ANYONE OUTSIDE OF CRYSTAL RUN HEALTHCARE

<p>Would you like this amendment, if approved, to be sent to anyone we may have disclosed this information to in the past? If so, please specify the name and address of the individual or entity.</p> <p>_____</p> <p>_____</p>
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Signature of Patient (or legal representative) Date: _____

Printed Name of Individual Requesting Amendment Authority to Sign on Behalf of Patient [proof required]

Return Form to:
Attn: HIM Department
Crystal Run Healthcare
155 Crystal Run Road
Middletown, New York 10941

This form should be scanned into the patient’s electronic medical record

Office Use Only:

Received: ____/____/____	Initials: _____	Completed: ____/____/____	Initials: _____
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