

MIDDLESEX HEALTH SYSTEM
Middletown, Connecticut

Request for Amendment to Protected Health Information

A patient or his/her legally authorized representative who believes information in the patient's medical record is incomplete or incorrect may request an amendment or correction to the record by using this form. When this form is completed, it should be returned to:

HIPAA Privacy Officer
Middlesex Health System
28 Crescent Street
Middletown, CT 06457

INFORMATION TO BE FILLED IN BY PERSON MAKING REQUEST:

_____ Name of Person Making Request	_____ Name of Patient
_____ Relationship to Patient	_____ Date of Birth
_____ Address	

Date of entry to be amended: _____

Type of entry to be amended: _____

Please explain how the entry is incorrect or incomplete, and identify what the entry should state to be correct or complete. Please attach to this document any additional pages that support your position:

If this amendment is made, would you like the amendment sent to anyone? If so, then for each person or entity, please specify the name and address of the person or entity.

1. _____
Name and Address
2. _____
Name and Address
3. _____
Name and Address
4. _____
Name and Address

I certify that the above information is correct to the best of my knowledge, and I have a good faith belief that the patient's Protected Health Information is currently incorrect or incomplete in his/her medical record.

Signature Print Name Date