



HUNTSVILLE HOSPITAL

101 SIVLEY ROAD • HUNTSVILLE, AL 35801 • 256-265-1000

431 REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Full Name _____ SS # (Optional) _____

Date of Birth _____ Date of Service _____ Phone Number _____

Address _____ City/State/Zip _____

Patient Number _____

You have the right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. Huntsville Hospital will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is denied, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures. Submit requests to the Medical Records Department at Huntsville Hospital.

Amendment Request

I, _____ (print name), hereby request that the following health information pertaining to me be amended (Describe the information that you believe to be incorrect or incomplete. Attach additional information if necessary):

Additionally, I request that the following people be notified of the correction:

SIGNATURE

DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT

SIGNATURE OF WITNESS

DATE

Review

The request for amendment is:

- Granted
- Denied—information is accurate and complete as is
- Denied—information did not originate at Huntsville Hospital
- Denied—information is not part of designated record set

Comments: _____

SIGNATURE OF HH REVIEWER

TITLE

DATE

Statement of Disagreement by Patient

I wish for this request for amendment to be included with all future disclosures of my health information. I disagree with the stated reason for denial and my reasons for disagreement are as follows:

SIGNATURE

DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT

SIGNATURE OF WITNESS

DATE

Huntsville Hospital Rebuttal

SIGNATURE OF HH REVIEWER

TITLE

DATE

NOTE: If this request for amendment is denied, you may append a written statement of disagreement by completing the appropriate section of this form. You may also request that this form be included with any subsequent disclosures by initialing the appropriate line in the section reserved for statements of disagreement. You may register a formal complaint by contacting the HH Privacy Officer at 256-265-4477

