

Request for Health Record Amendment or Correction

400 E. Fifth Ave., P.O. Box 3649
Spokane, WA 99220-3749
Phone: 509.342.3955 | Fax: 509.342.3962



Section 1 Patient Information:

Patient Name: _____
Last Name First Name M.I.

Date of Birth: ____/____/____ Phone Number: (____) ____-____
Month Day Year

Address: _____
Street City State Zip Code

Section 2 Amendment Information:

Date of entry to be amended: ____/____/____
Month Day Year

Type of entry to be amended: Visit note Procedure Other: _____

Date of entry to be amended: ____/____/____
Month Day Year

Explain how the entry is incorrect or incomplete. Please state what the entry should say to be more accurate or complete.
(Attach additional pages as necessary.)

If we refuse your request to make the correction or amendment, you have the right to provide us a brief statement describing the correction or amendment you requested as well as the reasons for your request. The statement you provide will be added to your Rockwood health record.

Once we have your statement, we will indicate in your health record the specific portion of your record that you believe is incorrect, incomplete, or inaccurate. We will also add your statement to your health record.

Would you like the amendment or correction sent to anyone to whom we may have disclosed the information in the past? (check one)
 Yes No

Signature of patient/legal representative: _____ Date: ____/____/____

Printed name of patient or legal representative: _____

Relationship to patient, if other than patient _____

Rockwood representative: _____ Date: ____/____/____

For Health Information Management Use Only:

RWC MR#: _____

Date Received: _____

Correction/Amendment has been: ____ Accepted
____ Denied

If denied, check reason for denial:

- PHI was not created by this organization
- PHI not part of the Designated Record Set
- Disagreement with Amendment or Correction

Comments of practitioner or RWC staff member:

Signature Date