



Amendment Request Form

Please Review Prior to Completing: This form is used to request an amendment to *clinical* information contained in a patient's designated medical record set. Clerical errors of objective data *are not* requests for amendment. Acceptance/denial of an amendment request is addressed at the center level by the applicable clinical staff. The Privacy Office provides the clinical review determination to the requestor but is not involved in the determination process.

Patient Name: _____
Last First MI Maiden or Other Name

Date of Birth: _____ **Medical Record Number:** _____ **Phone:** _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Facility Visited: _____

Entry to be amended: _____
Date Type

Explain how the entry is incorrect or incomplete and what it should say to be corrected (attach additional paper if needed).

Would you like this amendment sent to anyone we may have disclosed the information to in the past? If so, specify:

Name: _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

I understand that my request will be processed within the time frames set forth by state law or within 60 days, whichever is less.

Signature of Patient Date **Or** _____
Signature of Parent/Legal Guardian/Authorized Person Date

Relationship to Patient

For the most efficient processing

Please submit the completed form directly to the center where you received services to start the clinical review process. Please provide supporting documentation as well for clinical review if applicable. You can find contact information for Concentra medical centers on Concentra.com.

You may also submit your request to the Privacy Office:

- By mail: Concentra Privacy Office, 4714 Gettysburg Road, Mechanicsburg, PA 17055
- By fax: 214-775-4408
- By email: privacyoffice@concentra.com

FOR INTERNAL USE ONLY

Facility: Refer to applicable internal procedure. Contact the Concentra [Privacy](#) Office with questions.

Date request received: _____ Mail In person Email Fax Facility _____

Date submitted via Privacy Reporting Tool to Privacy Office: _____ (Privacy will send the final determination letter)

Amendment request has been: Accepted Denied Partially Accepted (Note any accepted areas in comments)

If denied, reason for denial is:

- Information was not created by this organization
- Information is not a part of patient's designated record set
- Information is not available to the patient for access as required by federal law
- Information is complete and accurate

Comments: _____

Signature of Record Author/Reviewing Clinician Title Date Phone Number

Signature of Operational Leadership Title Date Phone Number