REQUEST FOR AMENDMENT FORM

This form documents how the dental practice might document a patient’s request to amend the patient’s protected health information in the patient’s designated record set.

To the Patient: Please use this form to ask our dental practice to change any information about you in our records. All requests for change to our records must be in writing and must state the reason for the change. You must return this form to the Privacy Officer listed on the bottom of this form.

Patient Information

Name of Patient (print name): ____________________________________________________________

Patient’s Date of Birth: ___________________ Today’s Date: ______________________________

Patient Signature: _______________________________ Date: ______________________________

For Personal Representative of the Patient:

Your Name: ___________________________________________________________________________

Your Relationship to Patient: _____________________________________________________________

Personal Representative Signature: ___________________ Date: __________________

I hereby certify that I have legal authority under applicable law to make this request on behalf of the patient identified above.

Signature of Personal Representative: ______________________ Date: _________________

Requested Amendment

Please describe in detail how you want your records changed:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Reason for requested change:

__________________________________________________________________________________

Contact Person

Please contact the dental practice’s Privacy Officer if you have any questions relating to your request to amend records.

Privacy Officer: Dental Hygiene Clinic Operations Supervisor

Address: Ferris State University, College of Health Professions, 200 Ferris Drive, Big Rapids, MI 49307

Telephone: 231-591-2260