I understand I have the right to request amendment to my protected health information in my medical record (chart.)

Inova has the right to deny my request for amendment to the extent allowed by law, but must provide an explanation of the denial. Pursuant to that right, I hereby request the Health Information Management staff to initiate the following amendment to my protected health information record.

Directions to Patient: Identify the specific item to be changed by date and description, then note the way in which you wish the item to be changed.

Date of item in chart: _____ / _____ / _____

Describe or quote/copy the way it reads now and the location of the documentation: _____

_____

_____

Describe the way you wish to have this item amended (attach additional pages if necessary): _____

_____

_____

_____

_____

Indicate the reason why are you requesting this change (include any supporting documentation): _____

_____

_____

_____

Patient or Legal Representative (signature): _____   Date: _____ Time: _____

Patient or Legal Representative (print name): _____

If Legal Representative: Relationship: _____

Send completed forms to: Health Information Management (HIM) AmendmentRequest@Inova.org.

Interpreter Information (To be completed by Inova staff, if applicable)**:**
☐ In person ☐ Telephonic ☐ Video   Interpreter name/ID number (if applicable) _____
☐ Patient/Designated Decision Maker was offered and refused interpreter   ☐ Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ☐ Male ☐ Female

Request for Amendment of Protected Health Information

☐ IAH   ☐ IFH   ☐ IFOH   ☐ ILH   ☐ IMVH

☐ Outpatient Location: _____