

Beaumont

Request to Amend Health Information

You have the right to request a change, amendment or correction to your medical record or other health information that Beaumont Health maintains in a designated record set.

Return to: Beaumont Health
Attn: Health Information Management
269 Beaumont Boulevard B
Southfield, MI
Email: amendreq@beaumont.org

SECTION 1 Patient Information

Last Name:		First Name:		Middle Name:	
Date of Birth MM/ /YY		Social Security Number:		☐ Male ☐ Female	
Home:		Cell:		Email:	
Street Address:					
City:		State:		Zip:	

SECTION 2 About the Health Information

Where did the patient receive medical care that needs to be amended? (Check all that apply)

☐ Beaumont, Dearborn	☐ Beaumont, Farmington	☐ Beaumont, Farmington Hills
☐ Beaumont, Farmington	☐ Beaumont, Farmington Hills	☐ Beaumont, Farmington Hills
☐ Beaumont, Farmington Hills	☐ Beaumont, Farmington Hills	☐ Beaumont, Farmington Hills

When did the patient receive medical care? MM/ /YY

How is the health information incorrect, incomplete, or outdated?

What do you believe the health information should say to be more accurate or complete?

SECTION 3 If someone other than the patient is making this request, please complete this section.

Your name:

Your phone number including area code:

Why is the patient not able to make this request

What is your relationship to the patient

- ☐ Adult child of the patient ☐ Parent
☐ Househusband and/or wife ☐ Legal guardian or Power of Attorney (Please attach proof of authority)
☐ Sibling brother or sister ☐ Beneficiary of a life insurance policy (Please attach a copy of the life insurance policy)

Street Address

City: State: Zip:

Section 4 You will receive a written response within 6 days from the date we receive your request.

Please provide the address where you would like us to respond:

Street Address

City: State: Zip: Email:

Beaumont Health may not amend, update, or modify health information for the following reasons:

- ☐ Health Information was not created by Beaumont Health
☐ Health Information is not part of a designated record set
☐ Federal or state law forbids making the Health Information available to the patient or patient's representative
☐ Health Information is accurate and complete, as reviewed by a clinician

If we deny your request to amend your health information, you have the right to submit a written statement disagreeing with the denial to be added to your medical record send to the address on page . Beaumont Health may provide a rebuttal statement.

IMPORTANT - Health Information sent in an unencrypted email or on unencrypted media is not secure. The Health Information may be intercepted and seen by others. There are other risks with unencrypted email including misaddressed or misdirected messages, email accounts that are shared, messages forwarded to others, and messages that are stored on servers that have no security. By choosing to receive your Health Information by unencrypted email or on unencrypted media, you are acknowledging and accepting these risks. **Your Social Security Number, home address, insurance information, medical information, and other personal information may appear on the records we are sending to you.**

Section 5 Signature of Patient or Patient Representative

Signature Date Time

For Beaumont Health Care Use ONLY

Amendment as: ☐ Accepted ☐ Denied Date Received:

If denied, check the reason for denial:

- ☐ HI was not created by this organization
☐ HI is not part of the patient's designated record set
☐ Federal law forbids making the HI in question available to the patient for inspection e.g., psychotherapy notes
☐ HI is accurate and complete

Comments:

Staff Signature

Date Reviewed

Name and Title of Reviewer

Phone: Email

Approved by