



Frederick Primary Care Associates
610 Solarex Court, FREDERICK, MD 21703-8624
Phone: (301) 682-5500 | Fax: (301) 663-8557

Request for Correction/Amendment of Protected Health Information

Patient Name: _____ DOB: ___/___/_____

Patient Address: _____

Date of Entry to be Corrected/Amended: ___/___/_____

Information to be Corrected/Amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete? Use additional sheet if necessary and attach to this form.

Would you like this correction/amendment to be sent to anyone else who received the information in the past?
Yes No

If yes, please specify the name and address of the organization(s) and/or individual(s).

Signature of Patient or Personal Representative Date
(if Personal Representative, state relationship to patient)

For Practice Use Only

Date Received: ___/___/_____

TEST, CHRISTINA (id #9403880, dob: 09/07/1978)

TEST, CHRISTINA 09/07/78 #9403880



* 110404511w8042 A-Legal

Amendment has been: Accepted Denied

If Denied, Denied because: PHI is not part of the patient's designated record set

Practice did not create the record

Record is not available to the patient for inspection by law

Record is accurate and complete

Comments of Healthcare Provider *(if applicable)*

Signature of Healthcare Provider *(if applicable)*

Title

Date

Signature of Healthcare Provider *(if applicable)*

Title

Date