

## Request for Correction/Amendment of Health Information



PTAMEN

Patient name (first, middle initial, last)			
Date of birth		Phone number	
Address		City	State      Zip code
Medical record number (optional)		Date of entry to be amended	

Please explain in detail, how the entry is incorrect or incomplete \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What should the entry say to be more accurate or complete? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of the organization or individual			
Address		City	State      Zip code
Signature of patient or legal representative		Printed name	Date

<b>For Administrative Use Only</b>
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Staff initials _____	<input type="checkbox"/> Routed to Clinician	<input type="checkbox"/> Called patient if needed
Date received _____	<input type="checkbox"/> Received from Clinician	Date response letter sent to patient _____
<b>Amendment has been:</b>		
<input type="checkbox"/> <b>Accepted</b>	<input type="checkbox"/> <b>Denied</b>	
Documentations have been corrected in:	Reason for denial:	
<input type="checkbox"/> EPIC	<input type="checkbox"/> Information was not created by this organization	
<input type="checkbox"/> Paper chart	<input type="checkbox"/> Information is not part of the patient's designated record set	
	<input type="checkbox"/> Information is not available to the patient for inspection	
	<input type="checkbox"/> Information is accurate and complete as required by the federal law (e.g., psychotherapy notes)	
Comments of Healthcare Provider _____		
_____		
_____		
Signature of Healthcare Provider	Printed name/credentials (MD, etc.)	Date

The Request for Amendment applies to your right to request that HealthPartners amend your medical record. An amendment is included in your medical record but it does not change a record. HealthPartners has the legal right to accept or deny the request. Review the following to understand your rights as a patient requesting an amendment. This document also explains HealthPartners' rights in compliance with federal regulations referred to as the HIPAA regulations.

**Your request must be submitted in writing to the appropriate facility from the list below.**

*Note: For HealthPartners Clinics, HealthPartners Dental and Physicians Neck and Back amendment requests, send your amendment request directly to the specific site where care was provided.*

**Amery Hospital and Clinic**

Release of Information  
265 Griffin Street East, Amery, WI 54001  
Tel 715-268-8000 Fax 952-883-9715

**Lakeview Hospital/Stillwater Medical Group**

Release of Information  
927 Churchill Street W., Stillwater, MN 55082  
Tel 651-430-4596 Fax 651-430-4660

**HealthPartners Central Minnesota Clinic**

Release of Information  
2251 Connecticut Ave. S., Sartell, MN 56377  
Tel 320-203-2411 Fax 320-203-2200

**Park Nicollet/Methodist Hospital/TRIA Orthopaedics**

Release of Information  
3800 Park Nicollet Blvd., St. Louis Park, MN 55416  
Tel 952-993-7600 Fax 952-883-9768

**HealthPartners Medical Clinics**

Contact your Primary HP Clinic or the HP Clinic at which you received care

**Regions Hospital and Clinics**

Mail Stop 11501E - Release of Information  
640 Jackson Street, St. Paul, MN 55101  
Tel 651-254-2468 Fax 952-883-9614

**Hudson Hospital and Clinic**

Release of Information  
405 Stageline Road, Hudson, WI 54016  
Tel 715-531-6230 Fax 952-883-9663

**Westfields Hospital and Clinic**

Release of Information  
535 Hospital Road, New Richmond, WI 54017  
Tel 715-243-2600 Fax 715-243-3414

**Hutchinson Health Hospital and Clinics**

Release of Information  
1095 Hwy. 15 South, Hutchinson, MN 55350  
Tel 320-234-5000 Fax 320-484-4684

You must provide a reason for your request. A form is attached to this information sheet that can be used to document your request. Additional pages can be added if the form does not provide enough space to detail the requested change(s). Your request will be processed and sent to your provider for approval or denial.

HealthPartners has 60 days to respond to your request. We will begin the 60 days after receipt of your written request in the Health Information Management department. We intend to respond in that time; however, by law we are allowed a 30 day extension. You will receive a written letter within the 60 day time frame if an extension becomes necessary, along with an explanation for the extension.

**If approved:**

- you will receive notification by letter.
- HealthPartners will attach the appropriate amendment to the record that was the subject of the request.
- you have the right to inform HealthPartners of the names and addresses of persons who have received the record to be amended; HealthPartners will make reasonable efforts to then inform them of the amendment.

**If denied:**

- you will receive notification by letter, including the reason(s) for denial.
- you may submit a written statement disagreeing with the denial.
- if you choose not to submit a disagreement statement, you may request HealthPartners provide a copy of the request, along with the denial, with any future disclosures of this specified record.

If you have any further questions, please call the Health Information Management Call Center at 952-993-7600.