

Patient Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of Entry to be Amended: \_\_\_\_\_ Type of Entry to be Amended: \_\_\_\_\_

Please explain 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? If so, please specify the name and address of the organization or individual.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Note to Requestor:** This statement needs to be filed with the facility of origin. Health Center requests will be facilitated by Medical Record Management and/or Patient Representative. Practice Management requests will be handled by the area Directors and can be filed in the main office at the hospital or physician's office. Hospice requests will be handled by the Director and can be filed at the branch offices. SBL will reply to your request no later than 60 days after receipt of the amendment. Provided Sarah Bush Lincoln gives the individual a written statement of the reason for the delay, the date by which the amendment will be processed, SBL may have a one-time extension of up to 30 days for an amendment request.



