

ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Street

Apartment #

City, State Zip

Type of Entry to be Amended: _____

- Consultation
- Return visit note
- Nurse note
- Medication history
- Patient history
- Prescription Information
- Other

Please explain how the entry is inaccurate or incomplete.

Please specify what the entry should say to be more accurate or complete.

Signature of Patient or Personal Representative

Date