



# Request amendment to medical record

## Health Information Management

Please fill out all sections this form.

Patient's last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Patient's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Social security number \_\_\_\_\_ Date(s) of service \_\_\_\_\_

Explain how the documentation is incorrect or incomplete. Please write exactly what you think the entry should state to be accurate and complete:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request is accepted and the appropriate amendment is made, a copy of the amended information will be sent to anyone who has previously received this information. If there is anyone else you would like to receive this amendment, please write the name(s) and address(es) of the organization(s) or person(s):

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or legal representative Date

# Instructions for requesting an amendment to your medical record

You have the right to request an amendment to your medical record if you believe the information is incorrect or incomplete. The amendment would include the information you believe is in error, and your corrections to that information.

## For medical information

To request an amendment to your **medical information**, fill out this form and give it to the Health Information Management Department at the facility where you received treatment. You may mail or fax the form to us, or deliver it in person. Our addresses are:

### **Cape Canaveral Hospital**

Attention: Health Information Mgt.  
701 West Cocoa Beach Causeway  
Cocoa Beach, FL 32931

**Fax:** 321-799-7138

**Hours:** Monday through Friday,  
8 am to 4:30 pm

**Office location:** On the second floor of the hospital, near the administrative offices.

### **Holmes Regional Medical Center**

Attention: Health Information Mgt.  
1350 South Hickory Street  
Melbourne, FL 32901

**Fax:** 321-434-8935

**Hours:** Monday through Friday,  
8 am to 4:30 pm

**Office location:** On the first floor of the hospital, in the main hall between the cafeteria and the north entrance.

### **Palm Bay Community Hospital**

Attention: Health Information Mgt.  
1425 Malabar Road NE  
Palm Bay, FL 32907

**Fax:** 321-434-8104

**Office location:** The HIM Department takes requests for medical information through the reception desk next to the Emergency Department at the hospital.

## For demographic information

To change **demographic information** (name, date of birth, address, etc.), you do not need to use this form. You may request the change by sending us a written request by fax or mail (see above).