



# AMENDMENT / CORRECTION REQUEST FORM

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THIS FORM IS TO BE USED TO FILE AN OFFICIAL REQUEST  
FOR A MEDICAL RECORD AMENDMENT.

## PATIENT IDENTIFICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## REQUEST FOR AMENDMENT / CORRECTION

I understand I have the right to request an amendment to my personal health information that is maintained by UCF Health Services. Pursuant to that right, I hereby request UCF Health Services to make the following amendment:

The information I would like to have amended is the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

I would like this information to be amended in the following manner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

I believe the amendment is necessary for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

~ Please see other side ~

**RIGHT OF DENIAL**

I understand that UCF Health Services has the right to deny my request for amendment to the extent allowed by law. I also understand that UCF Health Services may deny my request for amendment if it is not in writing or does not include a reason to support the request. In addition, UCF Health Services may deny my request if the information:

1. Was not created by the provider, unless I provide reasonable evidence that the person or entity that created the information is no longer available to act on the requested amendment;
2. Is not part of my clinical or billing records maintained by or for UCF Health Services or used to make a decision about me;
3. Is not part of the information that I have a right to inspect and copy; or
4. Is already accurate and complete as determined by UCF Health Services.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

*Gina Shahbandar, Privacy Compliance Officer or Betty Calton, Patient Advocate*  
P.O. Box 163333, Orlando, FL 32816-3333 • (407) 823-2093

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**For Office Use Only**

Date Request Received: \_\_\_\_\_

Restriction has been \_\_\_\_\_ Granted \_\_\_\_\_ Denied

If denied, check reason for denial:

- \_\_\_\_\_ PHI was not created by this organization
- \_\_\_\_\_ PHI is not part of the patient's medical record
- \_\_\_\_\_ PHI is accurate and complete
- \_\_\_\_\_ PHI is not available to the patient for inspection as required by federal and/or state law

\_\_\_\_\_  
Privacy Officer Signature

\_\_\_\_\_  
Date