

# Merrimack Thoracic & Esophageal Surgery PLLC

## Medical Record Amendment/Correction

Patient name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Patient address: \_\_\_\_\_  
(Street or PO Box)  
\_\_\_\_\_  
(City) (State) (Zip)

1. Date of medical record entry to be corrected \_\_\_\_\_

2. Medical record language to be amended/corrected:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Amendment/correction or material to be deleted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Reason for the amendment/correction: \_\_\_\_\_

5. Please help us identify people who may have received the original information

Name	Organization/Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Do you authorize us to provide the information in items 3 and 4 to the people or organizations listed in item 5?  
 Yes  
 No Do not provide the information to: \_\_\_\_\_

**TO OUR PATIENTS:** You have the right to submit a medical record amendment/correction to be made to your medical record. This right does not permit you to alter or change the original record created by your physician or members of the practice staff. We may deny your request to amend or correct your records.

Amendment/correction Accepted  Amendment/correction denied  
Reason for Denial \_\_\_\_\_

This Amendment/Correction Sheet Is to be made a part of the medical record of:

\_\_\_\_\_  
(Patient name) (Date)

If we have denied your requested amendment/correction, you have the right to submit a written statement disagreeing with the denial and your reason for disagreement. We may reasonably limit the length of your written statement, and we may prepare a rebuttal to your written statement of disagreement (and provide you with a copy). If we have denied your requested amendment/correction and you do not submit a written statement of disagreement as discussed above, you may request that we include a copy of this document with any future disclosures of the information identified in items 1 and 2 above. Please make your request in writing, and sign and date the request. If you believe we have failed to meet our obligations as explained in our "Notice Of Privacy Practices" or our legal obligations under state or federal law, you may contact our office regarding your complaint, and you may file a complaint with the secretary of the U.S. Department of Health and Human Services within 180 days of the date you know or should know of the act that is the subject of your complaint. Your complaint to the secretary must be filed in writing, either electronically or on paper.

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.