

**REQUEST TO AMEND OR CORRECT
HEALTH INFORMATION
HELD BY SAINT JOSEPH MERCY HEALTH SYSTEM**



Patient Name: (Last) _____ (First) _____ (M.I.) _____

Address: (Street/Box) _____ (City) _____ (State) _____ (Zip) _____

Telephone: (day) (_____) _____ (eve) (_____) _____

Medical Record #: _____ (Optional) Date Of Birth _____

Describe the amendment or correction that you wish us to make:

Describe why you think the amendment or correction that you are requesting is appropriate or necessary:

Identify any other persons or entities you believe have received your health information and need to be notified of the amendment/correction that you are requesting.

Information about Your Amendment/Correction Rights

- We will not process your request for an amendment/correction of your health information if it is not made in writing or does not tell us why you think the amendment is appropriate.
- We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied.
- We may deny your request if you ask us to amend information that 1) Was not created by the Organization, unless the person who created the information is no longer available to make the amendment; 2) Is not part of the information the Organization keeps about you; 3) Is not part of the information that you would be allowed to see or copy; or 4) Is determined by us to be accurate and complete.

By submitting this form, I request that Saint Joseph Mercy Health System (SJMHS) amend or correct my health information. I understand that if SJMHS agrees to my request, it will provide the amendment/correction to relevant third parties, including those I identified above.

Signature of Patient or Representative

Date

This form should be returned to Saint Joseph Mercy Health System, Health Information Services Department, 5301 East Huron River Drive, PO Box 995, Ann Arbor, MI, 48106-0995.

- We have reviewed your request to amend your health information. We will grant your request.
- We have reviewed your request to amend your health information and have determined that we must deny your request. Reason for denial: _____
- A copy of the *Statement of Disagreement/Request to Include Amendment Request and Denial With Future Disclosures* form is attached. It explains how to submit a statement of disagreement or a complaint, or to request that we include your amendment request in your health information that we maintain.