Medical Records Amendment Request

Subject: Request to Amend Medical Record - [Date of Service]

Dear Medical Records Department,

I am writing to request amendments to my medical records for services provided on [date]. After reviewing my records, I have identified several inaccuracies that need correction to ensure my medical history is complete and accurate.

Specifically, the following items require amendment:

1. [Specific error and requested correction]

2. [Specific error and requested correction]

3. [Additional errors as needed]

These inaccuracies could potentially impact my future medical care and insurance coverage decisions. It is crucial that my medical records accurately reflect my true medical history, symptoms, and treatments received.

Under HIPAA regulations, I have the right to request amendments to my medical records when I believe information is incorrect or incomplete. I am providing supporting documentation to substantiate these requested changes, including [list supporting materials].

Please acknowledge receipt of this request and provide me with information about your process for reviewing and implementing record amendments. I understand you have 60 days to respond to this request and will either accept the amendments or provide written reasons for denial.

If you require any additional information to process this request, please contact me immediately at [contact information].

Thank you for ensuring the accuracy of my medical records.

Respectfully,

[Your Name]

[Date of Birth]

[Medical Record Number]

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