Yale Health

PO Box 208237 New Haven, CT 06520-8237 Phone (203) 432-7741 Fax (203) 432-1102

Request Amendment to Health Information Retained in Designated Record Sets

Patient Name:				
Last		First	Middle	Maiden or other name
Date of Birth:/	Day Year	Social Security Nu	mber:	
Address:				
City:		State:	Zip:	
Telephone:		_		
Entry to be Amended: Date	Month Day	/ Type: _		
Explain how the entry is inc (You may append one type				complete?
If granted, would you like t If so, specify:	his amendment sen	t to anyone to whom we m	nay have disclosed the info	rmation in the past?
Name:				XC18
Last		First		Middle
Address:				
City:		State:	Zip:	
I understand that I will rece of the need for an extension may be denied. If denied, I on not more than one hands amendment, including this information relative to the a amendment within 180 day Human Services.	of not more than 3 have the right to su written or typewritte form, will be linked amendment. I furth	O days to process the requibmit a written statement of the page of at least 10-point to my records and discloser understand that I may fluest to Yale Health or the	est. I understand that this a disagreeing with the denial t font. All information related to anyone for whom I at tile a complaint concerning	request for amendment which must be contained tive to my request for uthorize disclosure of my request for
Signat	ture of patient	OR	Parent/legal guardian/a	uthorized person
S.g.i.i.	F 22			r. r.
Date://	Year		Relationship to	patient

In response to your request: ☐ Information in your medical or billing record has been amended, in the manner you requested, and the amendment has been made a part of your permanent record. ☐ Your request for amendment has been made a permanent part of your medical or billing record, but the amendment itself has been denied for the following reasons: ☐ The information you want amended was not created by this organization ☐ The information you want amended is not a part of your medical or billing record ☐ The information you want amended is not available for your access under federal or state law ☐ The information you want amended is complete and accurate	Da	ate received://
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Signature of practitioner		amendment has been made a part of your permanent record. Your request for amendment has been made a permanent part of your medical or billing record, but the amendment itself has been denied for the following reasons: ☐ The information you want amended was not created by this organization ☐ The information you want amended is not a part of your medical or billing record ☐ The information you want amended is not available for your access under federal or state law
Signature of practitioner		Signature of practitioner