

Medical Record Number (if applicable): \_\_\_\_\_

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

It is Broward Health's (BH) belief that an essential part of customer service is accurate and complete documentation of your care and diagnoses. You, therefore, have the right to request to amend any medical information that you feel is invalid. BH, however, reserves the right to refuse the request if the request fails to meet the criteria defined in the law. Complaints regarding denials may be filed, in writing, to BH Privacy Officer, 303 Southeast 17<sup>th</sup> Street, Suite 404, Fort Lauderdale, FL 33316.

**PLEASE COMPLETE SECTIONS I AND II ONLY**

**SECTION I: PATIENT INFORMATION**

Patient Legal Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Initial Maiden

Address: \_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION II: REQUEST FOR AMENDMENT**

I, \_\_\_\_\_, request that BH amend the following medical information belonging to the patient named in SECTION I of this form.  
Patient / Personal Representative (please circle one)

Location of change in medical record: \_\_\_\_\_

Change From (Information to be corrected): \_\_\_\_\_

Change To (Correct Information): \_\_\_\_\_

Signature of Patient/Patient Representative \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION III: TO BE COMPLETED BY ATTENDING PHYSICIAN, MEDICAL RECORD MANAGER, OR DESIGNEE (AUTHORIZED BH STAFF ONLY)**

Status of request (Check one):

- Approved.
- Denied. Please check reason for denial below:
- Information was not created by BH.
- Information is not available for review.
- Information has been deemed accurate and complete.
- Information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative action.

Authorized Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESSOGRAPH

REQUEST TO AMEND



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**BROWARD HEALTH**

**REQUEST TO AMEND  
MEDICAL INFORMATION**