REQUEST FOR AMENDMENT OF MEDICAL OR BILLING RECORDS

The attached form may be used to request an amendment to a record of your medical care. We are required to amend your medical record upon written request unless:

1. University of Colorado Health did not create the information
2. University of Colorado Health does not maintain the information as part of your record
3. University of Colorado Health determines the information is accurate and complete as currently recorded
4. The information is the type that would not be available to you for inspection.

Please be aware that under no circumstances will we delete or alter the original documentation in the medical record. Any amendments made to the medical record will be appended in the appropriate part of the record.

If University of Colorado Health did not create the information you want amended, you may submit reasonable evidence that the person or organization that originally created the information is not available and University of Colorado Health System will consider your request.

University of Colorado Health responds to requests for amendment within sixty (60) days of receiving the written request. You will receive a response or a notification of delay within that time frame. If we deny your request to amend, you may submit a written statement of rebuttal, which will be included in all subsequent disclosure of the information at issue. If you choose not to submit a statement of rebuttal, a copy of this request for amendment will be included in all subsequent disclosures of that information.

For more information about amending a medical record, you may contact the Director of Health Information Management at 719-365-5286. Note that requests for amendment must be made in writing with valid identification and will not be accepted over the telephone.

Please deliver your request to:

University of Colorado Health
Health Information Management Department
Anschutz Inpatient Pavilion-1
12605 E 16th Ave. Mail Stop A025
Aurora, Colorado 80045
ATTN: Kendra Adams
(720) 848-5551 (Fax)
REQUEST FOR AMENDMENT OF MEDICAL OR BILLING RECORDS

Today’s Date ____________________________________________________________

Patient’s Name __________________________________________________________

Medical Record Number (if known) __________________________________________

Birth Date___________________ Social Security Number ________________________

Address ________________________________________________________________

City____________________________ State _____________ Zip Code _____________

Phone (home)_________________(cell)_____________________ (work)____________

What date(s) was the care provided? _________________________________________

Describe the report or information you would like to be considered for an amendment:
(i.e. Emergency Department Report, History & Physical, Discharge Summary, Radiology Report)

What do you believe is incorrect, needs to be changed and/or added to the report/record?

Has anyone received or relied upon this information (i.e. your doctor, another health care provider, insurance company, attorney) to your knowledge? If yes, please provide the name(s) and address(es) of those individuals or organizations so that University of Colorado Health may inform them of any amendments.

Signature:________________________________ Date _________________________

If you are not the patient, please provide the following information:

Your name ______________________________________________________________

Relationship to the patient________________________________________________

Address ________________________________________________________________

Phone (home) _________________ (cell) __________________ (work) ____________

Signature: ________________________________ Date _________________________