

HOUSTON HEALTHCARE

REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Name _____ Date of Birth _____
Current Address _____ Daytime Phone _____
_____ Evening Phone _____

Patient Account Number (if available) _____

Type of information requested to be amended _____

Date of information requested to be amended _____

List the Houston Healthcare Facility _____

Facilities: Houston Medical Center, Perry Hospital, Houston Lake Rehab, Houston Lake Med-Stop, Lake Joy Med-Stop, Occupational Health & Wellness, Health Connections, Educare, Pavilion Diagnostic, Pavilion Med-Stop, and Pavilion Rehab

NOTICE: Patients may submit a request to change information in their medical record in order to improve the accuracy or completeness of the information. The original information contained in the record will not be removed as a result of this amendment.

Please explain how the entry in the record is incorrect or incomplete. What should the entry state in order for the record to be more accurate or complete? Please attach additional pages as necessary.

Signature of Patient or Authorized Person

Date

Printed Name

Relationship to Patient

Return this form to: Houston Healthcare Privacy Officer
P.O. Box 2886
Warner Robins, GA 31099
(478) 322-5156