# Beaumon

## Request to Amend Health Information

You have the right to request a change, amendment or correction to your medical record or other health information that Beaumont Health maintains in a designated record set.

Return to: Beaumont Health
Attn: Health Information Management
269 Beaumont Boulevard B
outhfield, MI
Email: amendreq eaumont.org

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### SECTION 1 Patient Information

ast ame: irst ame: Middle ame:

ate of Birth MM/ /YY ocial ecurity um er: ☐ Male ☐ emale

hone: Home ell Email

treet Address:

ity: tate: i :

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### SECTION 2 About the Health Information

here did the atient receive medical care that needs to e amended hec all that a ly

☐ Beaumont, ear orn ☐ Beaumont, renton ☐ Beaumont, armington Hills
☐ Beaumont, roy ☐ Beaumont, rosse ointe ☐ Beaumont, ayne
☐ Beaumont, Royal a ☐ Beaumont, aylor ☐ ther:

hen did the atient receive medical care MM/ /YY

Ho is the health information incorrect, incom lete, or outdated

hat do you elieve the health information should say to e more accurate or com lete

**SECTION 3 If someone other than the patient is making this request, please complete this section.**

Your ame: Your hone um er *including area code:*

hy is the atient not a le to ma, e this request

hat is your relationshi to the atient

☐ Adult hild of the atient ☐ arent
☐ ouse hus and or ife ☐ egal uardian or o er of Attorney *(Please attach proof of authority)*
☐ i ling rother or sister ☐ Beneficiary of a life insurance olicy *(Please attach a copy of the life insurance policy)*

treet Address

ity: tate: i :

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**Section 4** You ill receive a ritten res onse ithin 6 days from the date e receive your request. lease rovide the address here you ould li, e us to res ond:

treet Address

ity: tate: i : mail:

Beaumont Health may not amend, u date, or modify health information for the follo ing reasons:

☐ Health Information as not created y Beaumont Health
☐ Health Information is not art of a designated record set
☐ ederal or tate la for ids ma, ing the Health Information availa le to the atient or atient s re resentative
☐ Health Information is accurate and com lete, as revie ed y a clinician

If e deny your request to amend your health information, you have the right to su mit a ritten statement dis agreeing ith the denial to e added to your medical record send to the address on age . Beaumont Health may rovide a re uttal statement.

**IMPORTANT -** Health Information sent in an unencry ted email or on unencry ted media is not secure. he Health Information may e interce ted and seen y others. here are other ris, s ith unencry ted email including misaddressed or misdirected messages, email accounts that are shared, messages for arded to others, and messages that are stored on servers that have no security. By choosing to receive your Health Information y unencry ted email or on unencry ted media, you are ac, no ledging and acce ting these ris, s. **Your Social Security Number, home address, insurance information, medical information, and other personal information may appear on the records we are sending to you.**

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**Section 5 Signature of Patient or Patient Representative**

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**For Beaumont Health Care Use ONLY**

Amendment as: ☐ Acce ted ☐ enied ate Received:

If denied, chec, the reason for denial:

☐ HI as not created y this organi ation
☐ HI is not art of the atient s designated record set
☐ ederal la for ids ma, ing the HI in question availa le to the atient for ins ection e.g., sychothera y notes
☐ HI is accurate and com lete

omments:

taff ignature ate Revie ed

ame and itle of Revie er

hone: mail

A roved y