



Cleveland Clinic

Request for Amendment of Health Information

NOTE: Sections A, B & C of this form must be completed in full (please print clearly) and the form must be signed and dated. Submission of an incomplete form may delay processing your request.

SECTION A – Patient information:	
Patient Name (First, Middle and Last)	Cleveland Clinic Medical Record #
Current Address (Mailing address if different from current address)	City State Zip
Last 4 Digits of Social Security Number	Phone Number Date of Birth () /

SECTION B – Description of health information you are requesting to be amended:

1. Information requested to be changed:

Date of Visit/Service	Information Type (Office visit, ER note, Procedure Note, etc.)	Provider Name & Facility (if known)

2. What is the reason for this change (amendment) request?

3. What does the current information say that you believe is inaccurate?

4. What change to the documentation do you believe would improve accuracy of your information?

SECTION C – Understanding your right to request an amendment of your health information:

I understand I have the right to request an amendment to my health information maintained in a designated record set at Cleveland Clinic. I understand Cleveland Clinic is not always required to make the amendments I have requested; however, my request for amendment will be carefully reviewed and amendments will be made when warranted. I understand that I will receive a written response regarding my request to amend within 60 days. If Cleveland Clinic denies my request (in whole or in part), I will receive an explanation of why it was denied and what my options are.

Signature of Patient/Patient's Personal Representative*: _____ Date: _____

Printed Name : _____ Relationship, if not Patient : _____

**If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative MUST accompany the request (e.g. court appointed guardian, durable power of attorney for health care). Exception: parent signing for a patient under the age of eighteen. For a deceased patient, a court entry or order appointing a fiduciary, executor, or administrator, or letters of appointment received from Probate Court must accompany an amendment request signed by the named individual. If the estate has not been probated, a completed amendment request, death certificate and personal representation form all MUST be submitted.*

Please send this form to: Health Information Management, Attn: EHR, RK2-1 6801 Brecksville Rd, Independence, OH 44131