

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

Ambulatory Services

**Medical Record Amendment
Request Form**

You have the right to request that UT Southwestern amend or correct the medical information contained in your designated record set ("official" medical and financial records) if you believe the information is incomplete or inaccurate. UT Southwestern will respond to your request within 60 days of receipt of the request. Please Note: Information in your original medical record will not be changed or deleted. Instead, if an amendment is granted, the agreed upon amendment will be added to your medical record.

Please describe the information you would like amended (example: progress note, history and physical, operative report):

Date(s) of the information you would like amended: _____

Reason for requesting the amendment: _____

What would you like for the amended information to say: _____

Do you know of anyone to whom we may have disclosed this information in the past? If so, please provide the name(s) and address(es): _____

Patient Signature Date

Print Patient Name

Legal Guardian or Patient Representative Signature Date

Print Legal Guardian or Patient Representative Name

Describe Relationship to Patient if other than Self

COMPLIANCE

Ambulatory Services

**Medical Record Amendment
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This Section for Internal Use Only

Date request received: _____ Deadline to grant/deny requested amendment: _____

Originator of records indicated by this request notified: By: _____ Date: _____
Staff Signature

Extension Requested: No Yes If yes, reason: _____

Extension deadline date: _____

Amendment to records: Granted Denied By: _____ Date: _____
Staff Signature

Letter mailed to patient: Date: _____

Records appended or linked to the amendment: By: _____ Date: _____
Staff Signature

Other entities notified of amendment:

Date: _____

Date: _____

Date: _____

If denied, was statement of disagreement received: No Yes Date: _____

UT Southwestern rebuttal prepared: No Yes Date mailed: _____

Privacy Officer's Signature _____ Date: _____