Athens-Limestone Hospital

700 West Market Street, Athens, AL 35611

431 REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Full Name_____ SS # (Optional)_____

Date of Birth_____ Date of Service_____ Phone Number_____

Address_____ City/State/Zip_____

Patient Number _____

You have the right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. Athens-Limestone Hospital will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is denied, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures. Submit requests to the Medical Records Department at Athens-Limestone Hospital.

Amendment Request

I,_____(print name), hereby request that the following health information pertaining to me be amended (Describe the information that you believe to be incorrect or incomplete. Attach additional information if necessary):

_____

_____

_____

Additionally, I request that the following people be notified of the correction:

_____

_____

SIGNATURE DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT SIGNATURE OF WITNESS DATE

Review

The request for amendment is:

____Granted
____Denied (information is accurate and complete as is)
____Denied (information did not originate at Athens-Limestone Hosp.)
____Denied (information is not part of designated record set)

Comments: _____

_____

_____

_____

SIGNATURE OF ALH REVIEWER TITLE DATE

Statement of Disagreement by Patient

I wish for this request for amendment to be included with all future disclosures of my health information. I disagree with the stated reason for denial and my reasons for disagreement are as follows:

_____

_____

_____

SIGNATURE DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT SIGNATURE OF WITNESS DATE

Athens-Limestone Hospital Rebuttal

_____

_____

SIGNATURE OF ALH REVIEWER TITLE DATE

NOTE: If this request for amendment is denied, you may append a written statement of disagreement by completing the appropriate section of this form. You may also request that this form be included with any subsequent disclosures by initialing the appropriate line in the section reserved for statements of disagreement. You may register a formal complaint by contacting the ALH Privacy Officer at 256-233-9539.

09/29/2023
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