Rapid Care at Home, PLLC
4120 N 108th Ave Suite 120
Phoenix, Az 85037
P: (602)368-4868
F: (855)618-2271

Patient Request for Amendment of Medical Record

Patient Name: _____ DOB: _____

Phone: _____ Medical Record #: _____

Date of Request: _____

Record to be Amended

Date of Service (if applicable): _____

Provider: _____

Record/Section to be Amended (check one):

☐ Progress Note ☐ Medication List ☐ Problem List ☐ Allergy List ☐ Lab Results ☐ Immunizations ☐ Other: _____

Information You Believe Is Incorrect or Incomplete

Requested Amendment

Please describe the correction or information you would like added:

Reason for Request

Supporting Documents Attached: ☐ Yes ☐ No

Rapid Care at Home, PLLC
4120 N 108th Ave Suite 120
Phoenix, Az 85037
P: (602)368-4868
F: (855)618-2271

Patient Acknowledgment

I understand that this is a request to amend my medical record and that approval is not guaranteed. My request will be reviewed in accordance with applicable federal and state law. If my request is denied, I will receive written notification of the reason for the denial and information regarding my rights.

Patient/Personal Representative Signature: _____

Printed Name: _____ Date: _____

Relationship to Patient (if applicable): _____

Office Use Only

Date Received: _____ Reviewed By: _____

☐ Approved ☐ Approved in Part ☐ Denied

Comments: _____

Patient Notified: _____ Staff Initials: _____