Retina & Vitreous Consultants of Wisconsin
Request for Amendment of Health Information
45 CFR § 164.526

Please use this form to complete all details of the protected health information (medical record and billing record) that you would like amended. Retina & Vitreous Consultants of Wisconsin will respond to this request within 60 days. If we are unable to respond within that timeframe, we will notify you within the 60 days.

1. Name _____
2. Birth date _____
3. Social Security Number _____
4. Address _____

   _____

5. Describe the information you want amended (e.g., lab test results, physician notes)

   _____

   _____

6. Date(s) of information to be amended (e.g., date of office visit, treatment or other health care services).

   _____

7. How is the entry incorrect, incomplete or outdated?

   _____

   _____

   _____

   _____

8. What should the entry say to be more accurate or complete?

   _____

   _____

   _____

   _____

9. Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan or other health care provider)?

   ❑ Yes ❑ No

   If yes, please specify the name(s) and address(s) of the organization(s) or individual(s)

   _____

   _____

   _____

   _____

If we accept this amendment, by signing below, you agree that we may provide copies of the amendment to the above-identified organization/individual.

Signature of Patient or Legal Representative: _____
Date: _____

Retina & Vitreous Consultants of Wisconsin Internal Uses Only

Date Received: _____
Assigned to: _____
Date Completed: _____
Response Letter Sent: _____

Amendment Status:

_____ ACCEPTED
Date entered in chart: _____
Changes entered by: _____

If accepted, any other treating providers will be sent amended information.

Other Providers contacted:

_____

Date other providers contacted:

_____

Persons identified by the patient contacted:

_____

Date other persons contacted:

_____

_____ DENIED

Reason for Denial:

_____ Information was not created by this organization.
_____ Information is not part of the patient's medical record.
_____ Federal law forbids making the information in question available to the patient for inspection (see Retina & Vitreous Consultants of Wisconsin *Policy on Access to Health Information*).
_____ Information is accurate and complete.

Privacy Officer Comments:

_____
_____
_____
_____

Signature of Privacy Officer _____Date_____