REQUEST TO AMEND THE RECORD OF AN ALCOHOLISM/DRUG ABUSE PATIENT

INSTRUCTIONS: GIVE A COPY OF THE FORM TO THE PATIENT! Prepare one (1) copy for the Patient’s Case Record.

REQUEST FOR AMENDMENT

PROPOSED AMENDMENT TO THE RECORD:

REASON FOR AMENDMENT:

PART OF RECORD TO BE AMENDED:

I, the undersigned, hereby request that my medical record be amended as described above. I understand that the facility may deny my request with cause. I also understand that should the amendment be accepted that the facility will make reasonable efforts to forward the amendment to any party that had been disclosed information from my record that is impacted by this amendment.

_________________________________________  ____________________________________________
(Signature of Patient)  (Signature of Parent/Guardian, when required)

_________________________________________  ____________________________________________
(Print Name of Patient)  (Print Name of Parent/Guardian)

_________________________________________  ____________________________________________
(Date)  (Date)

Facility Action:

___ Request approved.

___ Request Denied. Reason for Denial

___ The material to be amended was not created by the program.

___ The material is a psychotherapy note or is information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding

___ The program determines that the record is accurate and complete.

___ Other reason. Describe ___________________________________________________________________________

___________________________________________________
Director/Assistant Director                                               DATE