



Michigan Orthopaedic Surgeons/HIPAA Privacy Officer
26211 Central Park Blvd
Suite 201
Southfield, MI 48076
privacyofficer@miorthosurgeons.com

Medical Record Amendment Instructions

All requests to correct or amend documentation in your medical record must be submitted in writing to the HIPAA Privacy Officer.

You have the right to request that Michigan Orthopaedic Surgeons make corrections or amendments to the medical and health information we retain on your behalf if you believe something in that information is in error or needs to be amended. We are not always required to make the corrections or amendments you request but each request will be carefully reviewed, and corrections or amendments made if warranted. You will be notified when your request has been approved or denied unless you have either not signed the form or have not provided a reason for the requested correction or change.

Steps for Patients to Request a Medical Record Amendment:

1. Request a copy of the portion of your medical record you believe is incorrect or inaccurate and an Amendment Request Form.
2. Review your medical records to confirm the information you want amended, removed, or do not agree with. Notes are never deleted in their entirety, however incorrect information in the note can be corrected.
3. Complete the Amendment Request Form and provide as much detail as possible.
4. **Attach a copy of medical record documentation you believe to be incorrect. Make sure the erroneous information is highlighted as a reference and indicate what you think it should say whenever possible.**
5. Remember to keep a copy of the documents you send in for reference should we have additional questions.
6. Please return the Amendment Request Form and copies of all documentation to the address above.

Procedure once HIPAA Privacy Officer receives your Amendment Request:

- The information will be processed and reviewed by the authoring clinician, who will determine the plan of action on the amendment. Please note the decision is not made by the HIPAA Privacy Officer.
- If approved by the provider, we will send you a copy of the amended documents and response.
- If denied by the provider, we will inform you in writing with the reason for denial and additional steps you can take.

Under federal regulations (HIPAA) Michigan Orthopaedic Surgeons must reply within 60 days of receipt of the completed form. In the rare instance we need more than 60 days, we will let you know in writing an extension is needed of no more than 30 days to complete the request.

If you have additional questions about this process, please call
MOS HIPAA Privacy Officer, Dawn Taylor at 248-929-9351



REQUEST FOR AMENDMENT IN MEDICAL RECORD

Patient name: _____ Date of request: _____

Address: _____ Date of birth: _____

Contact telephone number: _____

This section is to be completed by patient. Additional pages may be attached if more space is needed.

I request the following information to be amended in my medical record:

Date(s) of Entry to be Amended: _____

Description of Information to be amended: _____

Reason for request: _____

If possible, please enclose with this request copies of the specific information to be amended.

If your request is approved, we can provide copies to persons who received your protected health information who need to see the amendment. Please include name, title and mailing address for each:

If your request is denied:

- You may submit a statement disagreeing with the denial.
- You may request your original amendment request and/or your disagreement with the denial be attached to future disclosures of your protected health information.
- You may file a complaint with the U.S. Department of Health and Human Services.



I understand and acknowledge by signing this form below I consent to and agree Michigan Orthopaedic Surgeons may receive and process this amendment request within their electronic record system.

Patient/Guardian signature: _____

If Guardian, please print name: _____

Relationship: _____ Date: _____

The facility has 60 days to respond to the amendment request from the date of receipt. If the facility is unable to act on the request within 60 days, an extension of 30 days may be required. If an extension is required, notification will be provided along with a written explanation.

Return completed form to

Michigan Orthopaedic Surgeons/HIPAA Privacy Officer

Mail: 26211 Central Park Blvd. Suite 201, Southfield, MI 48076

Fax: 248-327-6144

Email: privacyofficer@miorthosurgeons.com

If you have questions about this process, please call the HIPAA Privacy Officer at 248-929-9351