

Patient Request Form For Amendment of Protected Health Information

Federal law permits you to request that we amend the protected health information we have about you, if you feel that it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the medical group. Once you submit a request for amendment, we are obligated to respond, and we may be required to take other steps specified in the relevant regulations.

You must submit any amendment, along with a written explanation of the reason for the request, signed and dated, to our Health Information Department at the following location:

Facey Medical Group
Attention: Release of Information Department
11333 N. Sepulveda Blvd., Mission Hills, Ca. 91345
(818) 837-5668

I request that you amend the following inaccurate, incomplete or out-of-date information about me in the medical group's records. My reason for the proposed amendment is: ***(please attach written explanation)***

Print Patient Name: _____ Date of Birth: _____	
Address: _____	
Home Number: _____ Other Number: _____	
Patient Signature: _____ Date: _____ (Patient or Legal Representative)	
The following is for Facey Medical Group use only	
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied - Reason: _____ _____	
Facey Medical Foundation: _____ Date: _____	

Patient Name	Medical Record#
Patient Date of Birth	Patient Telephone #
Dr. Name	Dr. #
	Loc:
Appointment Date	
Insurance Coverage	
Insurance Benefits - Co – Pay	