

Signature of Patient or Representative: _____ Date: _____

INSTRUCTIONS FOR REQUESTING AN AMENDMENT TO YOUR MEDICAL RECORD:

NOTE: All documentation dealing with your medical record amendment will be part of your medical record included in any future release of information.

You have a right to request an amendment to your medical record if you believe the information in your chart is incorrect or incomplete. The amendment would include the information that you believe is in error, and your corrections to that information.

FOR MEDICAL INFORMATION:

To request an amendment to your medical information, please complete the form above. You can email, fax or mail to University of Michigan Health-West Hospital's Health Information Management (HIM) department (Medical Records).

DEMOGRAPHIC (name, date of birth, address, phone number, etc.) CHANGES:

See the University of Michigan Health-West Hospital webpage: <https://uofmhealthwest.org> Click on "Contact." Go to "Send A Message" and use the down arrow to view drop down options. Click on "Update My Address." You can also visit any Registration areas as well.

When and how you will hear from us: *A letter will be mailed to you within sixty (60) days.*