



Compliance & Privacy  
Mail Route 10839  
PO Box 43  
Minneapolis, MN 55440-0043

Dear Patient,

This letter is to acknowledge your request to Allina Health for a medical record amendment. Thank you for notifying us of your concerns.

In order to process your amendment request, we will need the enclosed form completed and returned to our department. Please include as many details as possible on this request form; additional pages can be included if necessary. You can mail the completed form to the address above or email it to [ComplianceandPrivacy@allina.com](mailto:ComplianceandPrivacy@allina.com).

*Please note: If you choose to email the completed form, please note that unencrypted email is unsecure and could be intercepted and viewed by a third party. Allina Health is not responsible for unauthorized access to your health information while in transmission.*

Once this form is received at Allina Health, our department will work with the author or healthcare provider that is involved. Amendment requests are approved or denied by the author or healthcare provider. At Allina Health, we strive to complete amendment requests within 60 days of receipt, however, you will be notified in writing of the outcome of your amendment request within a maximum of 90 days. Please note that Allina Health generally cannot make amendments to documents that were not originated at this facility, unless the original provider is now unavailable. Please contact the appropriate facility if documents in question were created and maintained at another facility.

Once completed, a copy of your request and outcome will be included within your medical record. If you disagree with the outcome of your request, you may submit a statement of disagreement. All of the information about your amendment request will be included when the involved medical records are released by Allina Health.

If there is anything we can do to assist you or if you have any questions, please contact us at 612-262-0503 and leave a voice mail message.

Sincerely,

Compliance & Privacy  
Allina Health

Allina Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sex.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-506-4595.

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-506-4595.

## PATIENT REQUEST FOR RECORD AMENDMENT

A patient may ask to amend the patient's health record. Allina Health will accept requests to amend records in its Designed Record Set. If the record is inaccurate or incomplete in a way that the amendment would clarify or correct, the amendment will generally be granted. An amendment request may be denied if the record is accurate and complete; the record for which amendment is requested is not part of the Designated Record Set; the patient or legal representative/requestor has no right of access to the record; or the amendment request does not apply to Allina Health because the documents were originally generated by a non-Allina Health facility or provider.

PATIENT INFORMATION	
PATIENT NAME:	
LEGAL REPRESENTATIVE NAME AND RELATIONSHIP:	
PATIENT DATE OF BIRTH:	MEDICAL RECORD # (IF KNOWN):
ADDRESS:	
PHONE NUMBER:	BEST TIME TO CONTACT: <input type="checkbox"/> 8AM-12PM <input type="checkbox"/> 12PM-4PM <input type="checkbox"/> 4PM-6PM
REQUEST DETAILS	
EXPLAIN IN DETAIL THE SPECIFIC INFORMATION YOU WANT AMENDED AND WHY (ex: date of entry, author, and diagnosis/medication/visit notes):	

PATIENT/REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Submit this form to: Compliance & Privacy, Mail Route 10839, PO Box 43, Minneapolis, MN 55440.**

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