

**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. Records or information Allina Health has received from other providers or facilities are not eligible for amendment. 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 the facility 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 #:
ADDRESS:	
PHONE NUMBER:	BEST TIME TO CONTACT: <input type="checkbox"/> 8AM-12PM <input type="checkbox"/> 12PM-4PM <input type="checkbox"/> 4PM-6PM
REQUEST DETAILS	
VISIT DATE AND TITLE:	
EXPLAIN IN DETAIL THE SPECIFIC INFORMATION YOU WANT AMENDED AND WHY:	

**PATIENT/REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Submit this form to the Privacy Office, Route 10811, PO Box 43, Minneapolis, MN 55440. If you have any questions, please contact the Privacy Office at 612-262-0503.

*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.*