MIDWEST EAR, NOSE & THROAT SPECIALISTS MIDWEST ALLERGY & ASTHMA MIDWEST HEARING MIDWEST FACIAL PLASTIC SURGERY

REQUEST FOR AMENDMENT TO PROTECTED HEALTH INFORMATION

Date: _____/_____/_____

Patient Name: _____
Date of Birth: _____/_____/_____
Address: _____
City/State/Zip: _____

I hereby request that Midwest ENT Specialists amend: (Specify type(s) of record(s) to be amended)

_____
_____

The following information is incorrect or incomplete:

_____
_____

Date(s) of information to be amended: (i.e., date of visit, treatment or other health care service)

_____
_____

Please state reason(s) supporting the requested amendment:

_____
_____

I understand that Midwest ENT Specialists may or may not fulfill my request for amendment. I understand that Midwest ENT Specialists is not able to alter original documentation for any reason. Whether my request for amendment is fulfilled or not, I understand this request will become part of my permanent Medical Record and included in any authorized requests for release of protected health information.

_____ _____
Signature of Patient or Authorized Representative Date

_____ _____
Print Patient or Authorized Representative Name Relationship to patient (if applicable)

Please submit this request to:

HIPAA Privacy Officer
Midwest Ear, Nose & Throat Specialists
215 Radio Drive, Suite 202, Woodbury, MN 55125
651.867.9006

Office Use Only

Received by: _____ **Date Received:** _____/_____/_____

Title: _____

Response to request mailed to Patient/Authorized Representative **Date Mailed:** _____/_____/_____

Revised 12.2023