

McLaren Print System Order

Order No: 42043 Reprint Previous Order No: 32087
Order Date: 2019-01-17
User: Barbara Thomas
Phone: 517-913-3812

Ship Location: MMP-McLaren HealthCare Associates--Attn: REIN
1540 Lake Lansing Road Ste 102
Lansing, MI 48912

Forms

Quantity: 100
Paragon Dept No: 68100
Dept Name: McLaren HealthCare Associates
Company Number: 160

Order Total Price: 0.00

Item Number: MHC_CC1108.7.8
Item Description: Request for Amendment of Health Information Form
Revision Date: 9/2017
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Misc Info:



REQUEST FOR AMENDMENT OF HEALTH INFORMATION

Patient Name: _____ Patient Birth Date: ____/____/____

Patient Address: _____

Date(s) of entry to be amended: ____/____/____

Describe in detail the requested amendment, the type of record (e.g., Progress Note) to be amended, and the reason for such amendment in the space provided below:

Do you need this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please indicate the name(s) and address(es) of the individual or organization below:

Signature of Patient or Legal Representative: _____ Date: ____/____/____

Send completed form to:
McLAREN HEALTH CARE PRIVACY OFFICER
One McLaren Parkway, Grand Blanc, MI 48838, or
Privacy@McLaren.org

FOR McLAREN HEALTH CARE USE ONLY:

Amendment Status: Accepted Denied

If Amendment Request is denied, check reason for denial:

- The Protected Health Information was not created by this organization.
 The Protected Health Information is not available to the patient for inspection as required by law (e.g., psychotherapy notes).
 The Protected Health Information is not part of the patient's health record.
 The Protected Health Information is accurate and complete.

Name and Title of Compliance Staff: _____

Comments of Healthcare Practitioner: _____

Signature of Healthcare Practitioner: _____ Date: ____/____/____