

MEDICAL RECORDS AMENDMENT AND/OR CORRECTION REQUEST FORM

Instructions

This request form should be completed by the patient (or legal representative) in order to request a change to documentation located within the medical record. This form is not to be used to request a correction to how a service was billed; for those requests, please contact our billing office at 503-399-2424, option 1, then option 2. Please return the completed form to Salem Clinic along with any supporting documentation you wish to provide.

Patient Demographics

Name: _____ Date of Birth: _____

Phone: _____ (day) _____ (evening)

Address: _____
(Street or PO Box)

(City) (State) (Zip Code)

Amendment or Correction Request Details

1) Date of service of medical record entry to be corrected: _____

2) Current medical record language: _____

3) Requested amendment / correction to language: _____

4) Reason for the amendment / correction request: _____

