



Privacy Office
 P.O. Box 6001, Newark, DE 19718-6001
 (302) 623-4468



RAUTH

REQUEST FOR AMENDMENT

Side 1 of 2

MR#:

Acct#:

Patient/Member name (print): _____ Date of birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (_____) _____ - _____

I would like an amendment/correction made to the following documents/records:

Date(s) of Visit	Type of Service	Location/Service
/ /		
/ /		
/ /		
/ /		
/ /		

Please explain how the entry is incorrect or incomplete. How should the entry be changed in order to make it more accurate or complete? Attach any supporting documentation.

Please identify any individuals/organizations who have previously received information and should be notified of this amendment/correction. Provide contact name, organization name (if applicable) address and phone number below:

Name	Address and Phone Number
_____	_____
_____	_____

Signature of Patient _____ (_____) _____ - _____ / ____ / ____ or
Telephone No. Date

Signature of Legal Representative _____ Relationship to Patient _____ (_____) _____ - _____ / ____ / ____
Telephone No. Date



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For Christiana Care Use Only
REQUEST FOR AMENDMENT

Side 2 of 2

MR#:

Acct#:

DEPARTMENT

Request received by: _____ on: ____ / ____ / ____

Request referred to Privacy Office by: _____ on: ____ / ____ / ____

Comments: _____

PRIVACY OFFICE

Request received by: _____ on: ____ / ____ / ____

Extension requested (if applicable) on: ____ / ____ / ____

Request reviewed by: _____ on: ____ / ____ / ____

Approved Denied

Individual notified on: ____ / ____ / ____

Comments: _____
