



ChristianaCare Privacy Office  
 4000 Nexus Drive, Avenue North – Suite NW3-100  
 Wilmington, DE 19803  
 Telephone No.: (302) 623-4468 Fax No.: (302) 428-2475



RAUTH

**REQUEST FOR AMENDMENT**

**Instruction:**

To be completed when a patient or the legal representative identifies an error or omission in the ChristianaCare medical record.

Side 1 of 2

**Patient name (print):** \_\_\_\_\_ **Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**I request a correction to the following document(s) in my medical record:**

Date(s) of Visit	Document Name or Type of Documentation/Information, if known	Location of Service (e.g. Christiana, Emergency Department, Union Hospital Emergency, etc.)
/ /		
/ /		

**Please explain how the entry in the medical record is incorrect or incomplete. Attach any supporting documentation.**

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**Please identify any medical provider(s) who have previously received documentation/information and should be notified of your requested correction. Please include the provider's contact name, organization name (if applicable), address, and phone number below:**

Name	Address and Phone Number
_____	_____
_____	_____

Signature of Patient \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ **or**  
 Phone # \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Representative \_\_\_\_\_ Print Name \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Phone # \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_



# ChristianaCare®

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## REQUEST FOR AMENDMENT

**Instruction:**  
Privacy Department Use Only.

Side 2 of 2

### PRIVACY OFFICE

**Date request received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If applicable, extension requested on:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Approved**     **Denied**

**If denied, check reason for denial:**

- The information was not created by ChristianaCare.
- The information is not part of the individual's designated record set.
- The information is accurate and complete.
- Per Federal or State Law, the information is not available for inspection by the patient.
- The requesting patient/legal representative is not authorized to request the amendment.
- Other: \_\_\_\_\_

**Patient/Legal Representative notified on:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Notification sent by:**  Email     Mail     In person     Fax

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_