

## **AMENDING YOUR RECORD**

Questions or Concerns regarding your health information?

If you have questions regarding a particular diagnosis or medical procedure, please address it with your provider at your next appointment.

If you feel that any health information in your record is incorrect, you do have the right to ask for an amendment of your medical records. Your request must specify the record(s) that you wish to have amended, identify the physician/facility that maintains your record, and reason for the request. We cannot remove any information from the record. We can only add new information to complete or correct the existing information. You can complete your request and return in the Health Information Correspondence window or send by mail.

**MAIL:**

Complete the information below. Sign and date the form

Return to:

Southern Ohio Medical Center

RELEASE OF INFORMATION

1805 27<sup>th</sup> Street

Portsmouth OH 45662

ATTENTION: Susan Utey, Director of Health Information

You will receive a response to your request within 60 days of the receipt of the amendment request. SOMC does reserve the right to deny your request; in the event our request is denied; an SOMC representative will respond with an explanation and outline your options.

For more information, please contact the patient portal support line. 740-356-8786

AMEND REQUEST FORM: REQUIRED INFORMATION:

Name:

Date of Birth:

Address (Full address: street address, city, state, zip code)

Phone Number:

Email address:

Report name:

Report date:

Account number of the report:

Physician who signed the report: (attach the report if possible)

Description: (please provide as much detail as possible regarding the correction or amendment you seek in your medical information, be as specific as possible)

Description (use additional page if needed)

