ChristianaCare
ChristianaCare Privacy Office
P.O. Box 6001
Newark, DE 19714
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.

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.

_____

_____

_____

_____

_____

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
_____	_____
_____	_____

_____ (____) ____-_____ ____/____/____ **or**
Signature of Patient Phone # Date

_____ _____ (____) ____-_____ ____/____/____
Signature of Legal Representative Print Name Phone # Date

_____
Relationship to Patient

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Instruction:
Privacy Department Use Only.

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:_____

_____

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_____