MALTA MED EMERGENT CARE

PATIENT REQUEST FOR AMENDMENT OF RECORDS

You have the right to request that we amend most information in our records that may be used to make decisions about you and your treatment for as long as we maintain the information in our records. Please see our Notice of Privacy Practices for a more detailed description of your rights to request amendment of this information and the process we follow once we have received your request. To request an amendment to your records, complete and return the following request form.

Patient Name: _____
Last First MI

Address: _____

Telephone: _____(daytime) _____ (evening)

Email Address (optional) : _____

Please answer the following questions. You may attach a separate page if more space is needed.

What information would you like to amend?

How do you believe the information should be amended?

Why do you believe the information should be amended? Your request may be denied if you do not provide a reason to support your request.

Is this request being made because of an emergency or other urgent situation? If so, please describe the nature of the emergency or urgency below and the date you need the information amended. We cannot guarantee that we will meet your deadline, but we will do our very best to accommodate reasonable requests.

By signing below, I am requesting Malta Med Emergent Care amend by health information as I have explained above.

_____ _____
Signature of Patient or Personal Representative Date

6 Medical Park Drive
Malta, NY 12020