Mid-Valley Hospital & Clinic
810 Jasmine St. Omak, WA 98841 | 509-826-1760 | fax: 509-826-7211

Request for Mid-Valley Hospital & Clinic to Amend Health Information

Patient Name: _____ Date of Birth: _____

Previous Name: _____

Patient Mailing Address: _____

☐ **I request a change to my records.**
Please explain what the information in your record should say to be more accurate or complete. Also, please explain what information you feel is not accurate or has been omitted. Provide as much detail as possible. If you need additional space, please include a separate page. **Date of entry in record:** _____

_____
_____
_____
_____

By signing below, I understand that all information in my electronic medical record is part of my permanent record and cannot be deleted. I understand that my medical records may be amended and/or changed at my request but that no information will be permanently removed from my record.

_____
Patient or legally authorized individual signature Date

_____
Relationship to patient if signed on behalf of the patient by parent, legal guardian, personal representative, etc.

We will review your request and respond within 10 days of receiving your request. A copy of your request will be added to your record.

We will send changes to:
- ☐ anyone you identify, and
- ☐ anyone who received the information in the past and who needs to know about the change.

To be completed by designated Mid-Valley personnel:
Date Received: _____ Amendment Change has been: ☐ Accepted ☐ Denied

☐ The review of this request for amendment change has been delayed. Your request will be processed by the following date: _____ (not later than 21 days after the request).

If denied, check reason for denial:
- ☐ This existing health information is accurate and complete.
- ☐ This request does not pertain to the patient's medical and financial records.
- ☐ Due to federal and state laws this health information is not available.
- ☐ This health information was not created by this organization.
- ☐ The record no longer exists or cannot be found.
- ☐ The record is not maintained by this organization.
- ☐ Other (Specify): _____

_____
Provider Reviewed Signature Date