



Patient Request for Amendment of Medical Record

Place Patient Label Here

Mail, Fax or Drop off completed form at the following locations - Health Information Management Dept. - ROI

Good Samaritan Regional Medical Center
P.O. Box 2728
Corvallis, OR 97330
Fax: 541/768-5389

Samaritan Albany General Hospital
1046 Sixth Ave. SW
Albany, OR
Fax: 541/812-4139

Samaritan Lebanon Community Hospital
P.O. Box 739
Lebanon, OR
Fax: 541/451-7071

Samaritan North/Lincoln Hospital
P.O. Box 767
Lincoln City, OR 97367
Fax: 541/996-7310

Samaritan Pacific Communities Hospital
930 SW Abbey St.
Newport, OR 97635
Fax: 541/574-1836

Patient Name

Date of Birth

Medical Record #

This is a request for Samaritan Health Services (SHS) to amend my medical record.

Before signing this request, please consider:

- SHS cannot amend a medical record that was not created within its facilities or by its providers.
SHS will only amend a medical record if it is found to be incomplete or inaccurate.

Your Rights when Requesting an Amendment to Your Medical Record:

- You have the right to request an amendment to your SHS medical record.
You have a right to receive a response to this request within 60 days.
Should you disagree with the SHS response to your request for amendment, you may provide a written request stating how you would like your medical record to be changed.
Should your medical record be amended in response to your request, your request and any follow-up statement, as well as the SHS response(s), will be documented in your medical record.
You have the right to request that, in addition to yourself, copies of approved amendments be sent to persons or entities of your choosing.

I am asking for the following amendment of my medical record: (be specific, a separate page may be attached, if needed):

Please attach any information you have to support your request.

Signature of patient

Signature of person authorized by law to sign for patient

Date

Relationship to patient

Witness

Date

SHS Use only:

Practitioner review and comments [] Agree with request [] Disagree with request. Comments below:

Horizontal lines for practitioner review and comments.

Practitioner signature

Time and Date signed

Your Right to File a Privacy Complaint:

Individuals can file privacy complaints concerning an amendment denial with the SHS Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. See contact information below:

Samaritan Health Services
Attn: Privacy Officer
3600 NW Samaritan Drive Corvallis, Oregon 97330
Phone (541) 768-6218
Email: privacy@samhealth.org

Office for Civil Rights, Region X
U.S. Department of Health and Human Services 2201 Sixth Avenue - Mail Stop RX-11
Seattle, Washington 98121 - 1831
Phone: (206) 615-2290

