

REQUEST FOR AMENDMENT/CORRECTION OF PROTECTED HEALTH INFORMATION

| Name: | | Date of Birth: | |
|---|---|----------------------------|-----------------------------|
| Street Address: | | Phone Number | : |
| City/State/Zip: | | | |
| WHAT INFORMATION NEEDS TO BE AMENDED/CORRECTED and FOR WHAT REASON? | | | |
| Entry to be amended: | | | |
| Date(s) of entry: | | | |
| Author(s) of entry: | | | |
| Please explain how the in | formation is incorrect or incomplete. | | |
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| | epted, would you like it sent to anyon y the name, address, fax number, or s | | |
| stances is the provider pe | may or may not amend the health in ermitted to alter the original health inf cord. If signed by a person other than | formation. This request fo | r an amendment will be made |
| | | | |
| Signature of Individual or | Individual's Legal Representative | Date | |
| Relationship to Individual | : | | |
| RETURN COMPLETED FORM TO: | | | |
| Summa Health MvChart Amendment Support | | | |

Summa Health MyChart Amendment Support Health Information Management – 1st Floor 141 N. Forge St. Akron, OH 44304

FAX: 330.375.3392 PHONE: 330.375.4941