Mary Lanning Healthcare
715 N. St. Joseph Ave.
Hastings, NE 68901

Request for Addendum of the Medical Record

Patient Name: _____ MR #: _____

After review of my medical record, I do not feel the original documentation made by:

_____

accurately reflects my condition / diagnosis / treatment on the following service date(s):

_____

and should be supplemented with clarifying information in the form of an addendum to the medical record.

❑ I request the following addendum be made a part of my medical record: _____

_____

❑ I request the following entities to be informed of the addendum: _____

_____

❑ I understand that an addendum will be made part of my permanent medical record, and that my request to amend my legal medical record may be denied after provider review.

In accordance with HIPAA CFR 164.526d, the following options are available in response to the denied request to amend my medical record:

❑ I desire to submit a statement of disagreement with the denial. I want this statement included as part of my legal medical record. (Please attach your written statement and return.)

❑ I do not wish to submit a written statement disagreeing with the denial of my request.

❑ I wish to make a formal complaint to Mary Lanning Healthcare. I submit it in writing to Administration, who is designated by Mary Lanning Healthcare to receive and process my complaint.

❑ I wish to make a formal complaint to the Secretary of the Department of Health and Human Services. I request Mary Lanning Healthcare to provide me with the information required to proceed with this complaint.

_____ _____ _____
Signature Date Time