

DRUGSOURCE, INC.

REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH RECORDS

I, _____ who resides at _____
In the city of _____ in the state of _____ hereby request that the following
item(s) in my prescription record, or the record of my minor child be amended/corrected as follows:

Patient Name Patient Number

Date of Entry to be Amended/Corrected Type of Entry to be Amended/Corrected

Please explain how the entry is incorrect or incomplete. What should the entry state in order to be more accurate or complete? (ATTACH ADDITIONAL PAGE(S) AS REQUIRED)

Would you like this amendment sent to anyone to whom we may have disclosed information in the past? If so, please specify the name and address of the organization or individual. Please remember that the requested change **is subject to approval**.

Name: _____
(Physician, Hospital, Clinic, or other Healthcare Provider, Other Party or Individual)

Address: _____

City, St., Zip: _____

Patient's Name Printed Date

Patient's Signature (Or Guardian, If a Minor) Social Security Number (For Identification Purposes Only)

Witness Date Received and Witnessed

For Office Use Only Correction/Amendment has been: Accepted Denied
If denied, please check reason for denial:

- PHI was not created by this organization
- PHI is not available to the patient for inspection as required by federal law (e.g. psychotherapy notes)
- PHI is accurate and complete
- PHI is not part of patient's designated record set

Comments of Provider:

Pharmacist's Signature