



Lawrence General Hospital
Request for an amendment (change) to protected health information

LGH Health Information Services
1 General Street
Lawrence, MA 01842-0389

Phone: 978-683-4000 Ext. 2047
Fax: 978-557-9948
Email: medicalrecords@lawrencegeneral.org

Patient Information:

_____	_____	_____	
Patient Last Name	First Name	MI	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	
Home Telephone	Date of Birth	Fax	

LGH Medical Record # _____

Information Amendment Requested

Describe the information you want amended/changed (for example, procedures, nursing/physician notes, test results). If available, attach a copy of the information you want amended:

List date (s) of information to be amended (e.g., date of visit or treatment):

What is your reason for making the request?

(more)

How is the entry incorrect or incomplete?

What should the entry say to be complete? (Please be as specific as possible):

Do you know anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan, or other health care provider)? ____ Yes ____ No

** If yes, please complete and return an Authorization for Release of Medical Information form before we can release the amended information. You can access this form from the Lawrence General Hospital website.*

I understand that Lawrence General Hospital may deny this request as permitted under Federal law, and that I will be informed by Lawrence General concerning the basis for the denial along with instructions concerning my right to submit a statement disagreeing with such denial. I further understand that Lawrence General Hospital will notify me of its decision to accept or deny my request within sixty (60) days of receiving the request. If Lawrence General Hospital is unable to comply with my request within this time frame, I understand that it may extend the applicable deadline for up to an additional thirty (30) days by notifying me in writing.

Patient signature is required for patients who are 18 years or older. Parent or legal guardian signature is required for patients under age 18.

Signature of Patient

Date

Signature of Parent or Guardian

Relationship to Patient

Date