

Request for Amendment of the Mental Health Record:

REQUEST FOR AMENDMENT OF THE MENTAL HEALTH RECORD

Patient Name: _____ Date of Birth: _____
Address: _____ Phone#: _____

After review of my mental health record, I do not feel that the original documentation made by _____ accurately reflects my treatment, condition, or diagnosis on the following date _____ and should be supplemented with clarifying information in the form of an addendum to my mental health record.

I understand that the clinician or mental health care provider may or may not supplement my record with an addendum based on my request. I understand that my mental health clinician or other health care provider is not allowed to alter the original documentation in my record. I understand that my request for amendment will be made a permanent part of my mental health record and will be sent with any future authorized record request for information.

I understand that [Practice name] will provide a response to this request within sixty days. I understand I have the opportunity to provide a statement of disagreement should my clinician or health care provider deny my request.

Reason for amendment: _____

I request the following correction/amendment be made on my mental health record:

Signature: _____ Date: _____

Mental Health Care Provider Response:

- In response to your request, a correction/addendum will be made part of your permanent mental health record.

Your request has been denied; however, your request is made part of your permanent medical record. The reason your request is denied: _____

Signature: _____ Date: _____

Date response sent to Patient: _____