



**Patient Request Form
For Amendment of Protected Health Information**

Federal law permits you to request that we amend the protected health information we have about you, if you feel that it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the medical group. Once you submit a request for amendment, we are obligated to respond, and we may be required to take other steps specified in the relevant regulations.

You must submit any amendment, along with a written explanation of the reason for the request, signed and dated, to our Medical Records office at the following location:

**Facey Medical Group
Attention: Release of Information Department
11211 Sepulveda Blvd.
Mission Hills, Ca. 91345
(818) 837-5668**

I request that you amend the following inaccurate, incomplete or out-of-date information about me in the medical group's records:

My reason for the proposed amendment is: *(please attach written explanation)*

Patient Signature:

_____ Date: _____
Patient
(Patient or Legal Representative)

Print Patient Name: _____ Date of Birth: _____
Address: _____
Home Number: _____ Other Number: _____
The following is for Facey Medical Group use only

<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied Reason: _____
Provider Signature: _____ Date: _____

Please note that Federal Law allows up to 60 days to comply with request.