



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Medical Record Amendment Instructions

If: Information in your medical record is out of date, such as:

- A medication you are no longer on or
- A condition you no longer have or has been resolved

Then: Contact the office of your primary care physician or the provider who documented this information in your chart to reconcile the information.

A Medical Record Amendment is: A change, edit or update of medical record information requested by the patient when they feel the information documented is incorrect.

All amendment requests are handled by the HIM Enterprise Chart Correction Unit

Steps for Patients to Request a Medical Record Amendment:

- Request a copy of your record to review and a blank Amendment Request Form.
- Review the medical records to confirm if there is incorrect information that you want amended, removed or do not agree with. Complete notes are not removed.
- Complete the Amendment Request Form.
- Please provide as much detail as possible and attach a copy of medical record documentation that you feel is incorrect. Make sure the erroneous information highlighted as a reference, and indicate what it should say whenever possible.
- You should include documentation that supports that the information is erroneous.
- Remember to keep a copy of the documents you send in for yourself to reference should we need more information.
- Please return the Amendment Request Form and copies of all documentation to the address below.

HIM Chart Correction Unit

Partners Healthcare

399 Revolution Drive Suite 970

Somerville, MA 02145

Fax: 857-282-5904

Email: HIMChartcorrection@partners.org

Procedure once Chart Correction Unit receives your Amendment Request:

- The information will be processed, reviewed, and then sent to the authoring clinician;
- After, the clinician reviews the request and determines the plan of action on the amendment;
- This decision is not made by Chart Correction/Health Information Management.
- If the record is amended, we will send you a copy of the amended documents and response.
- If denied by the provider, we will inform you in writing. Along with the reason for denial, you will be provided additional steps that you can take.

Provide to the Patient/Requestor



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Under HIPAA the hospital must reply within 60 days of receipt of the completed form. In the rare instance we need more than 60 days, we will let you know in writing that we need an extension of no more than 30 days to complete the request. If you have additional questions about this process, please call HIM Chart Correction at 857-282-9736

Provide to the Patient/Requestor