



Heartland Health Services

Medical Record Amendment Request

You have the right to request an amendment to your medical record if you believe the information is incorrect or incomplete. **The amendment would include the information you believe is in error and your proposed corrections to that information.**

To request an amendment to your medical information, please fill out this form in its entirety. You may mail, email, or deliver the form and any supporting documents in person.

Please complete, sign, and return this form to:

Heartland Health Services
c/o Compliance Department
2214 N University St.
Peoria, IL 61604

OR contact us at: 309-495-8620

Patient Information

Name: _____ Date of Birth: _____

Phone #: _____ Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Amendment Acknowledgement

After review of my medical record, I do not find the following information to accurately reflect my condition/diagnosis/treatment on the following service date (s): _____ and should be supplemented with the clarifying information in the form of an amendment to the medical record.

_____ *(Initials)* I understand Heartland Health Services may or may not supplement the medical record with an amendment based on my request, and under no circumstances, is able to alter the original documentation of the medical record. In any event, this request for an amendment will be made part of my permanent medical record and will be sent as part of the medical record in response to any authorized requests for my medical information, unless I request otherwise.

Please describe in detail your amendment request on the following page.

