

Data Correction Request for Health Record Modifications

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Recipient's Name]

[Recipient's Title]

[Facility/Hospital Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a correction to my health records maintained at [Facility/Hospital Name]. I have recently reviewed my health records and found inaccuracies that need to be addressed.

The specific information that needs correction is as follows:

- **Incorrect Information:** [Describe the incorrect information]
- **Correct Information:** [Describe the correct information]

Enclosed are copies of relevant documents that support my request for this correction.

Please let me know if you require any additional information or documentation to process this request. Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]