

# Request for Amendment of Medical Records

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Recipient's Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for an amendment to my medical records, specifically regarding [describe the section of the record you wish to amend, e.g., a diagnosis, treatment details, etc.]. The specific information I believe is inaccurate is [provide detailed information about the inaccuracy].

Under the Health Insurance Portability and Accountability Act (HIPAA), I have the right to request an amendment to my health information, and I believe that this correction is necessary for the following reasons: [briefly explain reasons for the amendment, e.g., based on new medical evidence, incorrect data, etc.].

I have attached [mention any supporting documents, if applicable] to assist in the review of my request.

I appreciate your attention to this matter and look forward to your prompt response. Please contact me at [your phone number] or [your email address] should you need further information.

Thank you for your understanding.

Sincerely,

[Your Name]