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Submit by Email

Privacy Forms

Saint Luke's Health System

Request for Amendment

Request Date:_____

Patient Name:_____ Date of Birth:_____

Address:_____

City:_____ State: _____ Zip: _____Medical Record Number:_____(if known)

Telephone Number: Home : (_____) _____ Work: (___) _____

After review of my medical record, I am requesting that information on the following service date(s)_____ _____be amended/supplemented with certain information and added in the form of an addendum to my medical record. I am requesting this amendment because:

☐ **Inaccurate Information**

☐ Diagnosis ☐ Medication ☐ Allergies ☐ Social History ☐ Medical/Surgical History ☐ Other (specify below)

☐ **Missing Information**

☐ Diagnosis ☐ Medication ☐ Allergies ☐ Social History ☐ Medical/Surgical History ☐ Other (specify below)

Explain how the information is inaccurate or what is missing (please attach a copy of record being disputed, if possible):

_____

_____

_____

Information Requested to be changed:

Date of Visit/Service	Information Type (Office visit, ER note, Procedure Note, etc.)	Provider Name (if known)	Facility (if known)

Amendment request:
I request the following amendment/supplement be made to my medical record:_____

_____

_____

_____

Do you know of anyone who may have received or relied on the information in question (such as your doctor, pharmacist, health plan, or other healthcare provider)? ☐ Yes ☐ No

If yes, please specify the name(s) and address(es) of the organization(s) or individual(s): _____

_____

_____

_____

Signature:_____Date:_____Time:_____
(Patient or Legal Representative)

Relationship to patient if someone other than patient:_____

Please Return Form to: SLHS Health Information Management via mail at
901 E. 104th St., Kansas City, MO 64131 or via email at admendments@saintlukeskc.org

While it is unlikely, there is a possibility that unsecure email could be intercepted and read by other parties besides the person to whom it is addressed. By sending your request by email, you are agreeing to accept these risks.

File in Medical Record