PATIENT REQUEST FOR RECORD AMENDMENT

If you feel your health record is incomplete or incorrect, you have the right to request an amendment. You must submit your request in writing to the Quality Assurance department, and you must include a reason that supports your request. Your request will be processed and sent to your provider for approval or denial. Nystrom & Associates has 60 days to respond to your request. We will begin the 60 days after receipt of your written request.

If approved:

- You will receive written notification, either by letter or email.
- You have the right to inform Nystrom & Associates of the names and addresses of persons/entities who have received the record to be amended; Nystrom & Associates will make reasonable efforts to then inform them of the amendment.

If denied:

- You will receive written notification by letter, including the reason(s) for denial.
- You may submit a written statement of disagreement to be placed on file with your records.

If you have further questions, please contact the Quality Assurance department at qualityassurance@nystromcounseling.com or 651-529-8405.

PATIENT INFORMATION		
Patient name:		DOB:
Address:		Phone number:
City:	State:	Zip code:

REQUEST INFORMATION
Date of entry to be amended:
Provider name (author of entry):
Explain in detail the specific information you would like amended and why:

If approved, would you like this correction sent to anyone that we may have given this information to in the past? If so, please provide the name and address of the individual or entity.

INDIVIDUAL/ENTITY 1:		
Name:		
Phone number:	Fax number:	
Address:		
City:	State:	Zip code:

INDIVIDUAL/ENTITY 2:		
Name:		
Phone number:	Fax number:	
Address:		
City:	State:	Zip code:

INDIVIDUAL/ENTITY 3:		
Name:		
Phone number:	Fax number:	
Address:		
City:	State:	Zip code:

Completed forms can be submitted to the Quality Assurance department via email at qualityassurance@nystromcounseling.com or submitted in-person at any clinic.

Signature of patient or legal representative:	
Printed name:	Date: