PRINT RESET FORM

MUSC Health
Medical University of South Carolina

MUSC Charleston
Health Information Services
3 South Park Circle, Suite 103
Charleston, SC 29407
843-792-3881

Request for Correction/Amendment of Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: (___)_____

Date of entry to be amended: _____

Type of entry to be amended: _____

Please explain how the entry is incorrect or incomplete. What should the entry be?

_____
_____
_____
_____
_____
_____

Would you like this amendment sent to anyone to whom we may have disclosed this information to in the past? If so, please specify the name and address of the organization or individual.

Name: _____

Address: _____

_____ _____
Signature of Patient or Legally Qualified Representative Date

<u>This form can be mailed to:</u>

Medical University of South Carolina
Health Information Services
3 South Park Circle, Suite 103
Charleston, South Carolina 29407
Fax 843-876-8055

***<u>For Office Use Only</u>*:**

Date Received: _____
Case Number : _____

Signature: _____