

**UTHealth Houston Behavioral Science Campus Medical Record Amendment Request**

You have the right to request an amendment of your protected health information maintained by UTHealth Houston Behavioral Science Campus if you believe the information is not accurate or complete. You must submit your request on this form. If the patient is a minor child, the legally authorized representative (e.g., parent) must request the amendment.

Please amend information as follows:

A. Patient name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone: \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

B. Patient medical record number: \_\_\_\_\_ Date of admission or treatment: \_\_\_\_\_

Type of record to be amended:

- ☐ Discharge Summary
- ☐ History/Physical Exam
- ☐ Progress Notes
- ☐ Consultation Reports

- ☐ Lab Results
- ☐ Past/Present Medications
- ☐ Psychiatric/mental health records
- ☐ Other \_\_\_\_\_

C. Describe what information is incomplete or incorrect and what you believe should be changed. State what information you believe should be added and/or deleted. Please feel free to attach a copy of the record to this sheet.

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D. If applicable list all persons/organizations who have received this information.

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I request that UTHealth Houston Behavioral Science Campus amend my (or my child's) protected health information as maintained by UTHealth Houston Behavioral Science Campus. I understand that UTHealth Houston Behavioral Science Campus reserves the right to verify my identity, approve or deny this request according to Federal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

- ☐ Amendment/Correction **Accepted**   ☐ Amendment/Correction **Denied**   ☐ Extend Response Time  
☐ Accept / Deny Amendment in Part

Reason for Denial \_\_\_\_\_

\_\_\_\_\_  
(Completed by)

\_\_\_\_\_  
(Date)

Mail or fax completed forms to:  
**UTHealth Houston Behavioral Science Campus: Health Information Management**  
**2800 S. Macgregor Way, Suite 3B43 Houston, TX 77021**  
Phone: (713)741-7888   Fax: (713)383-3749