



Place Patient Label Here

Patient Name

Date of Birth

Medical Record #

This is a request for Samaritan Health Services (SHS) to amend my medical record.

Before signing this request, please consider:

- SHS cannot amend a medical record that was not created within its facilities or by its providers.
• Please attach a copy of the record(s) that you believe are incomplete or inaccurate for our review.
• SHS will only amend a medical record if it is found to be incomplete or inaccurate.

Your Rights when Requesting an Amendment to Your Medical Record:

- You have the right to request an amendment to your SHS medical record.
• You have a right to receive a response to this request within 60 days.
• Should you disagree with the SHS response to your request for amendment, you may provide a written request stating how you would like your medical record to be changed...
• Should your medical record be amended in response to your request, your request and any follow-up statement, as well as the SHS response(s), will be documented in your medical record.
• You have the right to request that, in addition to yourself, copies of approved amendments be sent to persons or entities of your choosing.

I am asking for the following amendment of my medical record: (be specific, and attach any records indicating your requested changes):

Signature of patient, Signature of person authorized by law to sign for patient, Date, Relationship to patient, Witness, Date

Table with 5 columns: Good Samaritan Regional Medical Center, Samaritan Albany General Hospital, Samaritan Lebanon Community Hospital, Samaritan North/Lincoln Hospital, Samaritan Pacific Communities Hospital. Includes address and contact info for each.

Your Right to File a Privacy Complaint:

Individuals can file privacy complaints concerning an amendment denial with the SHS Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. See contact information below:

Samaritan Health Services
Attn: Privacy Officer
3600 NW Samaritan Drive Corvallis, Oregon 97330
Phone (541) 768-2165
Email: privacy@samhealth.org

Office for Civil Rights, Region X
U.S. Department of Health and Human Services 2201 Sixth Avenue - Mail Stop RX-11
Seattle, Washington 98121 - 1831
Phone: (206) 615-2290

\*Scan to Epic ROI Module\*
HIM ROI Authorization with Description "Amendment Request"