William Shevin, M.D., D.Ht.

50 Applewood Drive
Woodstock, CT 06281
www.drshevin.com

tel: (860) 9284040
fax: (860) 9280733
email: drshevin@drshevin.com

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name: _____ D.O.B. _____
Address: _____ M.R. # _____

Type of Entry to be Amended: _____

Date of Entry to be Amended: _____

Why the information is incorrect or incomplete (a reason for a change is required):
_____
_____
_____
_____

Suggested changes to the information:
_____
_____
_____
_____

_____ _____
Signature of Patient or Legal Guardian Date

_____ _____
Print Name of Patient or Legal Guardian Relationship

Date Request Received in Office: _____

Date Response Sent to Patient: _____