

1. Patient name: _____ Date of Birth: _____

Patient/Representative phone number: _____

2. Describe the amendment / correction you are requesting of Tampa General Hospital on information contained in your medical record. Please attach more sheets as needed to completely describe your request. Please note that demographic updates do not constitute as an amendment request. If you need to have demographics updated, please make the changes in MyChart, contact your provider office, or contact the patient access department. A form of identification may be requested prior to making the changes.

3. **Acknowledgement:** By submitting this form, I hereby request the Organization to amend/correct my health information as described above. I understand and acknowledge that the Organization is not required to agree to my request. I understand and acknowledge that a response is required within 90 days of my request. If my record is amended, I understand and acknowledge that the Organization will notify the relevant persons with whom the amendment needs to be shared.

Print name of patient or representative: _____

Signature: _____ Date: _____

4. Return this Amendment/Correction form and any additional attached sheets by:

Mailing to: Tampa General Hospital
HIM Department - Data Integrity Team
P.O. Box 1289
Tampa, FL 33601

Emailing to: chartcorrections@tgh.org
Faxing to: 813-844-1239

To be completed by authoring provider / Health Information Management Department

Physician / Caregiver Response:

☐ This request has been denied. No change to the original documentation because the documentation:

☐ Is accurate

☐ Was not created by us

☐ This request has been accepted. Addendum to record, if accepted: _____

If accepted and addendum is required, please also addend the record in Epic.

Name: _____ Signature: _____ Date: _____

For Tampa General Hospital use only

☐ Request received in

☐ Authoring Provider notified

☐ Response received in
HIM department

HIM on: _____

Delivered to: _____

by: _____

on _____ via _____

Date: _____

Patient Information

**Request for Amendment/
Correction of Health Information
by Tampa General Hospital**

