

BURRELL BEHAVIORAL HEALTH  
**REQUEST FOR AMENDMENT OF THE MEDICAL RECORD**

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **MRN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

After review of my medical record, I do not feel the original documentation made by \_\_\_\_\_  
accurately reflects my information, condition, diagnosis and treatment on the following date(s) of service:

\_\_\_\_\_ and should be supplementing with clarifying information in the form of the addendum to the medical record.

I understand the physician/clinician may or may not supplement the medical record with an addendum based on my request, and under no circumstances is able to alter the original documentation of the medical record. In any event, this request of an addendum will be made part of my permanent medical record and will be sent as a part of the medical record in response to any authorized request for my medical information.

I REQUEST THE FOLLOWING CORRECTION/SUPPLEMENTATION BE MADE ON MY MEDICAL RECORD:

I WOULD LIKE THE ADDENDUM SENT TO:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Client/ Legal Guardian**

\_\_\_\_\_  
**Date**

**PHYSICIAN/CLINICIAN RESPONSE**

In response to your request, a correction/addendum will be made part of your permanent medical record.

Your request has been made a part of your permanent medical record; however, your request has been denied for the following reason:

\_\_\_\_\_  
**Signature of Physician/Clinician**

\_\_\_\_\_  
**Date**