

**REQUEST TO AMEND THE RECORD OF AN  
ALCOHOLISM/DRUG ABUSE PATIENT**

PATIENT'S LAST NAME	FIRST	M.I.
CASE NO.		
FACILITY	UNIT	

**INSTRUCTIONS:** GIVE A COPY OF THE FORM TO THE PATIENT! Prepare one (1) copy for the Patient's Case Record.

**REQUEST FOR AMENDMENT**

PROPOSED AMENDMENT TO THE RECORD:	
REASON FOR AMENDMENT:	
PART OF RECORD TO BE AMENDED:	

I, the undersigned, hereby request that my medical record be amended as described above. I understand that the facility may deny my request with cause. I also understand that should the amendment be accepted that the facility will make reasonable efforts to forward the amendment to any party that had been disclosed information from my record that is impacted by this amendment.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Signature of Parent/Guardian, when required)

\_\_\_\_\_  
(Print Name of Patient)

\_\_\_\_\_  
(Print Name of Parent/Guardian)

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

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

Facility Action:

Request approved.

Request Denied. Reason for Denial

The material to be amended was not created by the program.

The material is a psychotherapy note or is information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding

The program determines that the record is accurate and complete.

Other reason. Describe \_\_\_\_\_

\_\_\_\_\_  
Director/Assistant Director

\_\_\_\_\_  
DATE