

**BEACON ORTHOPAEDICS & SPORTS MEDICINE  
BEACON ORTHOPAEDICS SURGERY CENTER LLC**

**REQUEST FOR AMENDMENT OF PROTECTED HEALTH  
INFORMATION**

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Dear Patient:

As outlined in our Notice of Privacy Practices for Protected Health Information you may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

The Practice can only amend protected health information that was created by the Practice.

If you would like to amend your protected health information, please complete the bottom of this form, sign and date where indicated and return it to the receptionist or our Privacy Contact.

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All amendment requests **must** be in writing. On a separate sheet of paper, please outline in detail any changes you request be made to your protected health information. It is Important that you be very specific regarding the changes you are requesting and document in detail the reason(s) in support of the requested amendment. Incomplete information will delay the process.

Please contact our Privacy Contact if you have questions about access to your medical records.

For Office Use Only
Request granted or denied: _____ By Whom: _____
If denied, why? _____ Date: _____