DuPage Medical Group

WE CARE FOR YOU

Compliance & Health Information Services
805 Ogden Ave., Lisle, IL 60532
PH: 630-545-7600

Patient Rights Request for Amendment

You have the right to request a change or amendment to your protected health information DuPage Medical Group maintains in your medical record. DuPage Medical Group may deny your request in certain circumstances. To exercise your right to request an amendment, please complete the following information:

Patient Information

Patient name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Specify the change or amendment you wish to make (attach additional documentation if required):

Specify the reason(s) for the change/amendment request:

I am exercising my patient rights under HIPAA as stated above. I understand DuPage Medical Group may deny all or part of my request under certain circumstances. I understand DuPage Medical Group has 60 days to approve or deny my request.

_____ _____

Signature of Patient or Legal Representative **Date**

Relationship to Patient: _____

Please e-mail completed form to compliance@dupagemd.com or fax to 630-545-7844

For DMG HIS use only:

Date Received: _____ **Extension Necessary:** **□ No** **□ Yes**

If "Yes", provide reason: _____

Date patient notified in writing: _____

Processed By: _____