Nilamadhab Mishra, MD
275 Executive Park Blvd., Suite 601
Winston-Salem, NC 27103
(336) 955-1838 Office • (336) 955-1842 Fax
www.lancetrheumatology.com

Health Information Amendment Form

*To request an amendment to your health information, complete this form in its entirety, and submit it to Lancet Rheumatology and Sara Lupus Clinic, PLLC. You will receive a response to your request within 60 days of when we receive your written request.

Patient Name: _____ Date of Birth: ___/___/___ SS# Last 4 Digits: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (___) _____ Cell Phone: (___) _____ Work Phone: (___) _____

This request is for an amendment to your health information to records created and maintained by Lancet Rheumatology and Sara Lupus Clinic, PLLC.

Include the name(s) of the Person/Caregiver/Provider of the information you want amended:

_____

Include the dates of service and/or treatment dates of the information; provide copies of the documents you want amended:

_____

Describe why you think the information is inaccurate:

_____

State your requested amendment(s):

_____

Would you like this amendment to be provided to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization or individual:

_____

Signature of Patient or Representative: _____ Date: _____

If signing as authorized representative, describe your authority to act for the patient, and submit documentation showing such authority, as appropriate:

_____

---------- **Lancet Rheumatology and Sara Lupus Clinic, PLLC Use Only** ----------

Amendment has been: _____ Accepted _____ Denied _____ Partial Acceptance/Denial

If denied (fully or partially), check reason:

_____ PHI is accurate and complete

_____ PHI is not part of the patient's designated record set

_____ PHI was not created by Lancet Rheumatology and Sara Lupus Clinic, PLLC

_____ PHI is not available for amendment as permitted by Federal Law

Signature(s): _____ Date: _____

Print Name & Title: _____

Comments: _____

_____