Pat	ient's Name:				
Da	Last te of Birth:		First	Middle	
	dress:				
	[Please list the ad	dress where OhioH	ealth can send its re	sponse letter]	
Tel	ephone Number: ( )			•	
	nail Address:				
1.	Please describe your health information (				
2.	Please give the date(s) of information to b	e give the date(s) of information to be amended (e.g., date of office visit, treatment, or other health care services)			
3.	What is your reason for making this reque	t is your reason for making this request?			
4.	How is the information incorrect, incomple	is the information incorrect, incomplete, or outdated?			
5. What should the information say to be more accurate or complete? (Please be as specific as possible and a additional pages if necessary)				specific as possible and attach	
doc rea acc	oHealth may accept or deny your request to cumentation that was not originated in one of son for the denial and what you should do it depted or denied within sixty (60) days of re ditional thirty (30) days) by notifying you in w	of our facilities. If your facilities of the second of this reques	our request is denied, the denial. You will l	you will be informed in writing of the per notified whether your request is	
Sig	nature of patient or patient's Personal Repr		Date	Time	





PATIENT IDENTIFICATION LABEL

**REQUEST TO AMEND** PROTECTED HEALTH INFORMATION

# Should you have any questions please contact the OhioHealth facility at the phone number listed:

# **Bing Cancer Center**

500 Thomas Lane Columbus OH 43214 614.566.5444

# **Riverside Methodist Hospital**

3535 Olentangy River Rd. Columbus, OH 43214 614.566.5444

## **Grady Memorial Hospital**

7500 Hospital Dr. Dublin, OH 43017 614.544.5541

#### **McConnell Health Center**

3773 Olentangy River Rd. Columbus, OH 43214 614.566.5444

# **Marion General Hospital**

1000 McKinley Park Dr. Marion, OH 43302 740.375.6088

#### **Shelby Hospital**

199 W. Main St. Shelby, OH 44875 419.526.8525

# **Grove City Methodist Hospital**

1375 Stringtown Rd. Grove City, OH 43123 614.566.9730

### **Doctors Hospital**

5100 W Broad St. Columbus, OH 43228 614.544.1015

# **Westerville Medical Campus**

300 Polaris Pkwy Westerville, OH 43082 614.566.9730

# **Dublin Methodist Hospital**

7500 Hospital Dr. Dublin, OH 43017 614.544.5541

# **Hardin Memorial Hospital**

921 Franklin St. Kenton, OH 43326 419.675.8259

## O'Bleness Hospital

55 Hospital Dr. Athens, OH 45701 740.592.9387

#### **Grant Medical Center**

111 S. Grant Ave. Columbus, OH 43215 614.566.9730

#### **OhioHealth Home Care**

404 E. Wilson Bridge Rd. #H Worthington, OH 43085 614.566.0888

### **Mansfield Hospital**

335 Glessner Ave. Mansfield, OH 44903 419.526.8525

#### **Pickerington Medical Campus**

1010 Refugee Rd. Pickerington, OH 43147 614.566.9730