Request for Medical Record Correction

Date of Request: MM/DD/YYYY

Attention: Privacy Officer Practice/Hospital Name 2222 Street LN

Phone: 555-555-5555 Fax: 555-555-5550

Patient Name: Morgan Gleason

Address: 1234 Street LN, Wesley Chapel, FL 33544

Date of Birth: 01/01/1999 Phone number: 813-555-5555 Email: email@gmail.com

Please consider this document a formal request to have a correction made in my medical record.

Issue Description:

In my visit record for Date of Service MM/DD/YY, it contains an incorrect OB History. I have had zero pregnancies, 0 full term births, and have 0 living children. Please correct this error immediately.

Incorrectly, the record appears as shown below.

```
OB History
Previous Pregnancies
  Living 2
  Total Preg. o
  Full Term 2
  Total Preg. 2
  Living 1 male
  Total Preg. 1
Previous Pregnancies
  Living 2
  Total Preg. o
  Full Term 2
  Total Preg. 2
  Living 1 male
  Total Preg. 1
Previous Pregnancies
  Living 2
Total Preg. o
  Full Term 2
  Total Preg. 2
  Living 1 male
Total Preg. 1
Pregnancy 1: 10/8/2011,, NSVD.
Pregnancy 2: uncomplicated, NSVD 1/4/17
boy WGW.
```

The information is correct in my visit on 6/27/16, but an error was made in recording the history in July.

Actions Requested:

- 1. Please correct the 7/27/16 record to indicate 0 pregnancies, 0 full term births, and 0 children.
- 2. Please send me a copy of the updated record to my home address included in this letter or to my email address of email@gmail.com.
- 3. Additionally, please send a correction to following providers who have received the erroneous record.
- Dr. Jonathan Yousef (fax number 555-555-5551)
- Dr. Dennis Mihale (fax number 555-555-552)
- Dr. Mitchell Alverson (fax number 555-555-553)

If you have any questions, I prefer to be contacted by email, and I am aware that email may not be a secure method and authorize you to send protected health information (PHI) by email. If you must contact me by phone, please call 813-555-5555.

Thank you for your assistance.

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Sincerely,

Morgan Gleason