

Health Information Management

Medical Record Amendments

If you wish to correct or amend your medical record, including any notes in the record from a visit to your physician, nurse practitioner or physician assistant, please follow the instructions below. Please note that your clinician reviews your request and may approve or deny it.

Instructions for submitting an amendment to your medical record:

- Submit a request to the Northwestern Medicine Health Information Management Department
 - o Fill out the Patient Request for Amendment of Protected Health Information form.
 - Click on the link (above) to access and print the form.
 - You can ask your clinician's office to print the necessary form.
 - o Submit the form by:

Email: <u>nmhprivacy@nm.org</u>

Fax: 312.926.7686

Mail: Data Integrity/Patient Privacy

676 North Saint Clair Street

Suite 1785

Chicago, Illinois 60611

- Northwestern Medicine has 60 days to review and respond to the request. Your clinician is part of the review process to determine if the request is approved or denied.
- You will be notified once the request is approved or denied.
 - o If your request is approved, your clinician will change the medical record.
 - If your request is denied, you may submit a "statement of disagreement" that will be placed in the medical record.

Please note: Updates to demographic information or contact information do not require a written amendment request. If you notice an error or need to make a change to your demographic or contact information (such as name, address, or phone number), please let us know during the check-in process for your next appointment. You may also modify your contact information directly through the MyNM patient portal or MyNM app.