



HIRSCH  
PEDIATRICS

**REQUEST FOR CORRECTION/AMENDMENT OF PROTECTED HEALTH INFORMATION**

Type of entry to be amended:

- Visit note
- Nurse note
- Hospital note
- Prescription information
- Patient history
- Other \_\_\_\_\_

Please explain below how the entry is inaccurate or incomplete.

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Please specify what the entry should say to be more accurate or complete.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian  
(or patient)

\_\_\_\_\_  
Print name of Legal Guardian  
(or patient)

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
**parent**  
Relationship to Patient