



INSTRUCTIONS FOR REQUESTING AN AMENDMENT TO YOUR MEDICAL RECORD

You have the right to request an amendment to your medical record if you believe the information is incorrect or incomplete. The amendment would include the information you believe is in error, and your proposed corrections to that information.

To request an amendment to your medical information, please fill out this form in its entirety. You may mail, fax or deliver the form and any supporting documentation in person. *To submit a medical record correction message via NorthShore Connect, please see instructions below.*

Please complete, sign and return the form to:

NorthShore University HealthSystem

Health Information Management 4901 Searle Parkway, Suite 170 Skokie, IL 60077

Or submit via fax to 847-982-4499. Contact us at 847-982-4450 with questions.

To deliver the form in person, please visit:

Skokie Hospital

Medical Records Department
9669 N. Kenton Ave. Room 404
Skokie, IL 60076

Hours: Monday through Friday
7:30 am to 4:00 pm

Evanston Hospital

Medical Records Department
2650 Ridge Avenue Room G225
Evanston, IL 60201

Hours: Monday through Friday
7:30 am to 4:00 pm

Swedish Hospital

Medical Records Department
2751 W. Winona Avenue Room A152
Chicago, IL 6025

Hours: Monday through Friday
8:00 am to 4:30 pm

Glenbrook Hospital

Medical Records Department
2100 Pflingsten Road Room B206
Glenview, IL 60026

Hours: Monday through Friday
7:30 am to 4:00 pm

Highland Park Hospital

Medical Records Department
777 Park Avenue West Room 1419
Highland Park, IL 60035

Hours: Monday through Friday
7:30 am to 4:00 pm

To submit via NorthShore Connect:

Visit www.northshoreconnect.org

Choose **Message Center**

Then **Customer Service**

Then Regarding: **Medical Records Corrections** from drop down menu.

Please be as specific as possible when composing your NorthShore Connect message. Should the NorthShore Medical Records team require clarification / additional information; you will be contacted. We reserve the right to request additional supporting documents, including the full Request for Amendment of Health Information, for such instances where such documentation is deemed appropriate.



0503-000

REQUEST FOR AMENDMENT OF HEALTH INFORMATION

(9/2020)

Patient Information

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

MRN (If Known): _____ CONTACT PHONE: _____

CONTACT E-MAIL: _____

After review of my medical record, I do not find the following information to accurately reflect my condition/diagnosis/treatment on the following service date(s): _____ and should be supplemented with clarifying information in the form of an addendum to the medical record.

I understand the hospital/physician's office may or may not supplement the medical record with an addendum based on my request, and under no circumstances, is able to alter the original documentation of the medical record. In any event, this request for an addendum will be made part of my permanent medical record and will be sent as part of the medical record in response to any authorized requests for my medical information, unless I request otherwise.

PLEASE DESCRIBE YOUR REQUEST:

SIGNATURE (Patient or Legal Representative)

DATE

Response

- In response to your request, your record has been amended.
 - Your request has been made a part of your permanent medical record; however, your record has not been amended.
- See attached letter for further explanation.**

SIGNATURE

DATE

Please complete, sign, and return this form to:

NorthShore University HealthSystem – HIM
4901 Searle Parkway, Suite 170
Skokie, IL 60077

With questions, please contact us at hipaa@northshore.org or by phone at (847) 982-4450.