[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date of Birth]
[Patient ID Number, if known]

[Date]

[Name of Privacy Officer or Records Department]
[Name of Facility/Hospital]
[Address of Facility]

RE: Request to Amend Medical Records - Surgical History

To the Health Information Management Department,

I am writing to formally request an amendment to my medical records as permitted under HIPAA and provider policy. After reviewing my surgical history in my records dated [Date of Document/Visit], I found inaccurate information that needs to be corrected.

Description of Inaccuracy:
The record currently states: [Insert the incorrect information here, e.g., "Patient underwent an appendectomy in 2015"].

Requested Correction:
The record should be corrected to state: [Insert the correct information here, e.g., "Patient has never had an appendectomy" or "Patient had a gallbladder removal in 2015, not an appendectomy"].

Reason for Correction:
[Briefly state why the change is necessary, e.g., "The current record is factually incorrect and may lead to improper treatment in the future"].

I have attached [List any supporting documents, such as operative reports from other facilities, if applicable] to support this request. Please notify me in writing once the amendment has been made or if you require further information. I also request that this correction be shared with any parties who have received the incorrect information.

Thank you for your assistance in ensuring my medical history is accurate.

Sincerely,

[Your Signature]

[Your Printed Name]