

**CONNECTICUT VALLEY HOSPITAL
MEDICAL RECORD EXAMINATION APPOINTMENT**

CVH-131a
Rev. 4/03

Name: _____ Unit: _____

Your doctor has granted you permission to review your medical record.
YOUR APPOINTMENT to review your record has been scheduled for:

Date: _____ Time: _____ Location: _____

The clinician assigned to review your medical record with you is:

If you wish to reschedule this appointment please contact the clinician named above or your Head Nurse.

NOTICE TO PATIENT:

1. If you wish to have a copy of something in your medical record, please ask the clinician reviewing the record with you for a **REQUEST FOR COPY** form (CVH-151). Indicate on the form the document(s) you wish copied.

Give the form to the Head Nurse on your unit, a Patient Advocate, or send it directly to the Health Information Management. The Health Information Management will process your request and will notify you of the cost.

2. If while reviewing your medical record you find an **error in the information recorded** you have the right to request that this error be amended (corrected). Obtain a **REQUEST FOR AMENDMENT** form (CVH-522) from the clinician reviewing the record with you.

Give the form to the Head Nurse on your unit, a Patient Advocate, or send it directly to the Health Information Management. The relevant clinician will review the information you have stated was in error. If an amendment (correction) is necessary, you will be notified of such; if the relevant clinician does NOT feel that the information is incorrect, your request for amendment (form) will be filed in your record to note your disagreement with the specified information.

3. If you **disagree with any information** recorded in your record, you have the right to submit a statement indicating what you believe to be the accurate and complete version of the information in question. Your statement will be made a permanent part of your record.

Give your statement that you wish filed in your medical record to your Head Nurse, a Patient Advocate or send it directly to the Health Information Management for filing of your statement in your medical record.

Signature of Head Nurse/Other Scheduling Appointment

Date Processed

Distribution by Unit Staff:

ORIGINAL – Patient

COPIES – Chart (Correspondence Section) and Review Clinician