

CVH-131b
New 04/03

**CONNECTICUT VALLEY HOSPITAL
MEDICAL RECORD EXAMINATION**

Name: _____ MPI #: _____ Unit: _____

Staff Instructions:

Provide the Patient/Personal Representative with the following forms at the time of their review of the medical record:

- Request for Copy form (CVH-151)
- Request for Amendment form (CVH-522)

INSTRUCTIONS TO PATIENT/PERSONAL REPRESENTATIVE:

If you wish to have a copy of something in your medical record, please list the document(s) you wish copied on the **REQUEST FOR COPY** form (CVH-151).

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

Give the completed form(s) to the clinician reviewing the record with you, the Head Nurse on your Unit, a Patient Advocate, or send it directly to Health Information Management for processing.

Signature of Patient/Personal Representative Reviewing Record

Date

Signature of Clinician Reviewing Record with Patient/Personal Representative

Date

File **ORIGINAL** – Medical Record

Send **COPY** to HIM Merritt Hall for Data Entry