



MR-110
Rev. 2/17

REQUEST TO ADDEND/CORRECT RECORDS

Page 1 of 1

LAST NAME

FIRST NAME

MR#

DOB

PLACE PATIENT LABEL HERE OR COMPLETE ABOVE

DO NOT HANDWRITE PATIENT INFORMATION HERE

A patient or his/her legal guardian has the right to request a change to information he/she believes is inaccurate or incomplete in a patient record maintained by Children's Hospital of Philadelphia.

Please complete and return this form to:

**Children's Hospital of Philadelphia
Health Information Management Department
3401 Civic Center Boulevard
Philadelphia, PA 19104**

Patient Name: _____
Patient Date of Birth: _____
Address: _____

Date of service request pertains to: _____

Name of physician or department request pertains to: _____

I request the following change be made:

I request the change because:

Patient/Parent/Guardian Signature Printed Name Date / Time
Relationship to Patient: Patient Parent Legal Guardian Other: _____

To be completed by Children's Hospital Staff

Request received and forwarded by: _____
Print Name Title Date

Referred to: _____
Print Name of Division/Physician Date

Please forward a second copy to the Office of Compliance and Privacy at the above address

Our Commitment to Diverse Populations

The Children's Hospital of Philadelphia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Children's Hospital of Philadelphia does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Children's Hospital of Philadelphia:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact 1-800-879-2467.

If you believe that Children's Hospital of Philadelphia has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Family Relations Office, 3401 Civic Center Blvd, Philadelphia, PA 19104, Phone: 267-426-6983, Fax: 267-426-7412, Email: familyrelations@email.chop.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Family Relations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue

SW Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

October 2016



**Children's Hospital
of Philadelphia**SM

CHOP is Committed to Language Accessibility

If you speak another language, assistance services, free of charge, are available to you.

Español-Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-879-2467.

繁體中文-Chinese 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-879-2467。

العربية-Arabic ملحوظة: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بالرقم 1-800-879-2467.

Tiếng Việt-Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-879-2467.

Français-French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-879-2467.

Português-Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-879-2467.

नेपाली-Nepali ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-879-2467 ।

ខ្មែរ-Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-879-2467។

বাংলা-Bengali লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-879-2467।

Русский-Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-879-2467.

한국어-Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-879-2467 번으로 전화해 주십시오.

Bahasa Indonesia-Indonesian PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-879-2467.

اردو-Urdu خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-879-2467۔

Türkçe-Turkish DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-879-2467 irtibat numaralarını arayın.

Polski-Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-879-2467.

Italiano-Italian ATTEZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-879-2467.

हिंदी-Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-879-2467 पर कॉल करें।

ગુજરાતી-Gujarati સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-879-2467.

Tagalog-Tagalog-Filipino PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-879-2467.

日本語-Japanese 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-879-2467 まで、お電話にてご連絡ください。

Deutsch-German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-879-2467.

Deitsch-Pennsylvania Dutch Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-879-2467.