



Patient Specific Request to Change Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(print name)

Date of Request: \_\_\_\_\_

I am requesting a change in the following information to my medical record and files. I understand that it may take up to 72 hours (three business days) to complete my request. I have read and understand the Notice of Privacy Practices for The Marino Center and any questions I may have had have been answered to my satisfaction.

Please change the following information in my medical records and files as indicated below. I have only identified those areas on this form that I wish to have changed.

*Please print legibly*

Name Change: \_\_\_\_\_

Address Change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Insurance Information (*provide insurance card for scanning*):  
\_\_\_\_\_

Other (specific information not mentioned above / print clearly)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If not enough room on the front of this form, please continue to describe the changes you wish on the back of this form.*

\_\_\_\_\_  
*Patient Signature*

**Please Note:**

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment your request must be made in writing and submitted to **Cora Fonner-Schrader, Manager, of Medical Records, 2500 Massachusetts Ave, Cambridge, MA 02140**. You must provide us with a reason that supports your request amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**CAMBRIDGE LOCATION**

2500 Massachusetts Avenue  
Cambridge, MA 02140  
ph 617.661.6225 fax 617.492.2002

**WELLESLEY LOCATION**

372 Washington Street  
Wellesley, MA 02481  
ph 781.235.5200 fax 781.235.1103