

th Street,

Brooklyn, NY 11220 (718-630-7314).

- x To amend NYU Winthrop Hospital records, submit to the Patient Relations Office, 259 First Street, Mineola, NY 11501 (516-663-2058).
- x For Perlmutter Cancer Center records, submit to: HIM, Perlmutter Cancer Center, 160 E 34th St, 10th Floor, NY, NY 10003 (212-731-5096)
- x For Faculty Group Practice records, submit directly to practice location/ practice manager.
- x For the Family Health Centers at NYU Langone Health or the NYU Winthrop Certified Home Health Agency, submit to the NYU Langone Health Privacy Officer, One Park Ave, 3rd Floor, NY, NY 10016 (212-404-4079).
- x For Southwest Brooklyn Dental Practice, submit to: Attn: Practice Manager, 215 St, Brooklyn, NY 11220 (929-455-2099).
- x For any other location or if you are unsure where to submit, you can submit to the Patient Relations Office, 550 1st Ave, NY, NY 10016 (212-263-6906) or the NYU Langone Health Privacy Officer, One Park Ave, 3rd Floor, NY, NY 10016 (212-404-4079).

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

Patient Address \_\_\_\_\_

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

Please indicate the location/origin of the record you wish to amend (e.g., Tisch Hospital, NYU Hospital Brooklyn, Cancer Center, Faculty Group Practice or Family Health Center at NYU Langone Health location, etc.):

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Please describe how the entry is incorrect or incomplete. Please attach any ~~by our feet~~ ~~are needed to~~ ~~make the entry~~ ~~more accurate or complete.~~

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Please give ~~the name and address of organizations or individuals to whom you believe we may have~~ ~~information with in the past.~~

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<p><u>Signature:</u> _____ <u>Date:</u> _____ <u>Time:</u> _____ AM/PM</p> <p>(Patient or person authorized to sign)</p> <p>If the person consenting is not the patient, please print name and type of authority to sign. Supporting documentation should be provided at the time of submission.</p> <p><u>Name/Authority:</u> _____</p>
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