

<b>Instructions</b>	
Submit the completed and signed form to the Health Information Management Department (HIM). If for any reason your addendum isn't included in your record, you will be notified within 30 days	
<b>Section 1: Patient Information</b>	
I, _____ the undersigned, <small>(Patient name or if minor give relationship status)</small>	
request USC Student Health Services (USCSHS) to include this addendum in my health record. I understand that my original health record will not be altered or deleted. This form and subsequent information pertaining to this request will become part of my permanent health record.	
<b>Name:</b> <small>(First, Middle, Last)</small>	<b>Date of Birth:</b> <small>(MM/DD/YY)</small>
<b>USC ID#:</b>	<b>Phone:</b> <small>(Area code-XXX-XXXX)</small>
<b>Address :</b> <small>(Street Address, City, State, Zip)</small>	
<b>Signature:</b>	<b>Today's Date:</b> <small>(MM/DD/YY)</small>
<b>Section 2: Right to include Addendum to Health Record</b>	
I understand that I have the right to include an addendum to my health record, maintained by USC Student Health Services (USCSHS), up to 250 words. Pursuant to Cal. Health & Safety Code § 123111(a), I hereby request ESHC to include the following:	
<b>The addendum I would like included:</b> <small>(Be as specific as possible regarding the record type, the location, the date etc.)</small>	
I believe the addendum is necessary for the following reason(s):	
<b>Internal Office Use</b>	
<b>Date Received:</b>	<b>Employee Name :</b>