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|---|--|
| <input type="checkbox"/> Acadia Healthcare | <input type="checkbox"/> Inland Hospital |
| <input type="checkbox"/> Acadia Hospital | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> A.R. Gould Hospital | <input type="checkbox"/> Maine Coast Hospital |
| <input type="checkbox"/> Beacon Health | <input type="checkbox"/> Mayo Hospital |
| <input type="checkbox"/> Blue Hill Hospital | <input type="checkbox"/> Medical Transport |
| <input type="checkbox"/> C. A. Dean Hospital | <input type="checkbox"/> Mercy Hospital |
| <input type="checkbox"/> Continuing Care Lakewood | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Eastern Maine Medical Center | <input type="checkbox"/> Sebasticook Valley Hospital |
| <input type="checkbox"/> Home Care & Hospice | <input type="checkbox"/> Work Health |

MEDICAL RECORD AMENDMENT REQUEST

PLEASE FAX FORM TO HIM DEPARTMENT LISTED BELOW

	Phone	Fax		Phone	Fax
Acadia Healthcare	(207) 973-6100	(207) 973-6822	Inland Hospital	(207) 861-3150	(207) 861-3158
Acadia Hospital	(207) 973-6100	(207) 973-6822	Laboratory	(207) 973-6900	(207) 973-6999
A.R. Gould Hospital	(207) 768-4175	(207) 768-4060	Maine Coast Hospital	(207) 664-5454	(207) 664-5398
Beacon Health	(207) 973-5692	(207) 989-1096	Mayo Hospital	(207) 564-4270	(207) 564-4360
Blue Hill Hospital	(207) 374-3458	(207) 374-3971	Medical Transport	(207) 275-2940	(207) 973-9487
C. A. Dean Hospital	(207) 695-5225	(207) 695-2254	Mercy Hospital	(207) 879-3373	(207) 822-2469
Continuing Care Lakewood	(207) 873-5125	(207) 861-9967	Pharmacy	(207) 275-3216	(207) 561-4804
Eastern Maine Medical Center	(207) 973-7873	(207) 973-7867	Sebasticook Valley Hospital	(207) 487-4026	(207) 487-3204
Home Care & Hospice	(800) 757-3326	(207) 400-8891			

NONDISCRIMINATION STATEMENT: Northern Light Health and its affiliates (Northern Light Health) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language. Northern Light Health does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language.

Northern Light Health:

- 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, please call 1-888-986-6341. If you have a TTY, you may also dial 711 Maine Relay.

If you believe that Northern Light Health or any of its affiliates has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language, you can file a grievance with your Northern Light Health Civil Rights Coordinator, 797 Wilson St., Suite 4, Brewer, ME 04412, 1-866-769-8363 **(telephone)**, 1-207-989-1420 **(fax)**, or at nondiscrimination@northernlight.org **(email)**. If you need help filing a grievance, your Northern Light Health Civil Rights Coordinator 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>.



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French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-986-6341 (ATS : 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-986-6341 (TTY: 711).

Oromo (Cushite): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-986-6341 (TTY: 711).

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 1-888-986-6341 (TTY : 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-986-6341 (TTY: 711).

Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-986-6341 (TTY: 711)

Cambodian (Khmer): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បឿន គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-986-6341 (TTY: 711)។

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-986-6341 (melemaïn: 711).

Arabic: (رقم 1-888-986-6341 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم: 711.)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-986-6341 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-986-6341 (TTY: 711) 번으로 전화해 주십시오.

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-986-6341 (TTY: 711).

Nilotic (Dinka): PID KENE: Na ye jam në Thuɔŋɣaj, ke kuɔny yenë kɔc waar thook atɔ'kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1-888-986-6341 (TTY: 711)

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。1-888-986-6341 (TTY:711) まで、お電話にてご連絡ください。

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-986-6341 (TTY: 711).

MEDICAL RECORD AMENDMENT REQUEST

Please fill out this form to request that a patient’s Northern Light Health medical record be modified.

Please note, all requests to amend will be reviewed within sixty (60) days of receipt of the request.

Northern Light Health will respond in writing within this timeframe to notify you of the following:

- **Additional time is needed to review your request. Northern Light Health will respond in writing with a decision within thirty (30) days of the extension notice.**
- **The request to amend has been accepted and the requested change(s) has been made.**
- **The request to amend has been denied and the requested change(s) has not been made.**
- **The request to amend has been accepted/denied in part.**

