

**GARFIELD COUNTY HOSPITAL DISTRICT
PATIENT NAME CHANGE**

Patient name may not be altered in the GCHD Patient Health Information without the appropriate documentation to support the alteration. Please complete the following information and submit to HIM Director for processing of name change request.

Previous name:
Medical Record number:
SS#:
<p>Supporting documentation must be attached for name change to be processed. Please choose one of the options and attach copies to this document for submission.</p> <p> <input type="checkbox"/> Copy of new SS# (also scan into HL) <input type="checkbox"/> Copy of Divorce document <input type="checkbox"/> Copy of Court document supporting name change (i.e. adoption papers) <input type="checkbox"/> Copy of marriage license with new name <input type="checkbox"/> Copy of drivers license with new name </p> <p>NOTE: <input type="checkbox"/> Verify new insurance card information scanned into HL</p> <p>Billing address change:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>New Phone number: _____</p> <p>Guarantor: _____</p>
New name:
Date information submitted to HIM Director:
Name of employee submitting information:

EMPLOYEES WILL NOT CHANGE DATA IN HL OR SOAPWARE, this process is to be completed by HIM Director.

ENTRY BY HIM DIRECTOR

Date name change active in HL & SOAPWARE:
Initials: