

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

Health Information Management Department

[Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Subject: Request for Correction of MHS Genesis Health Record

Dear Health Information Management Team,

I hope this message finds you well. I am writing to request a correction to my health record in the MHS Genesis system.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Military ID Number: [Your Military ID Number]
- Last four of SSN: [Last four digits of your Social Security Number]

The information in my record that requires correction is:

- Incorrect Information: [Describe the incorrect information in detail]
- Correct Information: [Provide the correct information]

In support of this request, I have attached [any relevant documents, such as medical records, provider letters, etc.].

Please let me know if you need any further information to assist with this correction. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]