

## REQUEST TO AMEND RECORDS

I \_\_\_\_\_ hereby request amendment of my protected health information contained in the designated record set.  
(Name of Patient)

I understand that I must describe the information to be amended and the reason for the change.

I request the following information be amended for the stated reasons:

Signature: \_\_\_\_\_

Printed Name:

**Address:** \_\_\_\_\_

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(City) (State) (Zip)

Date Signed: