

REQUEST TO AMEND RECORDS

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

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: _____

(City)

(State)

(Zip)

Date Signed:_____