SALT LAKE COUNTY

HIPAA
REQUEST TO AMEND HEALTH RECORDS

SECTION A:

Name: _____

Address: _____

Telephone: _____ Other contact information: _____

Social Security Number: _____ D.O.B. _____
(optional) (optional)

SECTION B: To the individual—Please read the following and complete the information requested.

You have the right to request amendment of your Protected Health Information we or our business associates maintain in designated record sets be amended. We may decline your request if the information is not part of these designated record sets, we did not create the information, we believe the information is complete and accurate, or the records you asked to amend are not subject to your right to amend because they are not covered under HIPAA.

Please specify the records you wish to amend and the amendments you wish to make: _____
_____
_____
_____

Please state the reason for the amendments: _____
_____
_____

Please list the name and address of each person who you want us to notify of the amendment should we agree to make the amendment you request. You must provide us with a SIGNED AUTHORIZATION FORM for us to notify these persons if we accept the amendment. We can supply you with the appropriate authorization form.

_____ _____

_____ _____

_____ _____

INDIVIDUAL'S SIGNATURE.

_____ Date: _____

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST