



NOTIFICATION TO AMEND RECORDS

To: _____

From: Agency
HIPAA Privacy Officer
Address
Ph:

On ___/___/___, we granted a request from the individual below or received notice from the covered entity below to amend the following records:

We believe you may have these records in you designated record sets. If so, please promptly amend the records. Please contact me should you have questions about the amendment.

Sincerely,

Privacy Officer

Date

Individual Requesting Record Amendment:

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Social Security Number: _____ D.O.B. _____

Covered Entity Requesting Record Amendment:

Name: _____

HIPAA Privacy Officer: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____