

**Request for Amendment of or Addition to
Protected Health Information**

**Contact Person: Laurie Carr, 303-497-8702, lcarr@ucar.edu, CG4
Fax 303-497-8701**

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. We will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

_____ (print name) believes that the following health information pertaining to me is incorrect or incomplete (please copy below or attach the challenged entry and identify its location):

I believe that the information described above is incomplete or incorrect for the following reasons:

I hereby request that you amend the health information identified above as follows:

Additionally, I request that the following people be notified of the correction:

Name

Address

We will not make the requested changes if

- (1) they involve records that you do not have the right to access; or
- (2) we did not create the information (unless the person or entity that created the information is unable to act on your request); or
- (3) the information is already accurate and complete.

If we agree to change your information, we will communicate the changed information to the persons or entities that you have designated above. We will also communicate the changed information to any other persons or entities that we know have received the information before it was amended. If we are not able to act on this request in 60 days, we will notify of the reasons for the delay.

Signature

Date

Print name

Telephone

If not signed by the employee or spouse, please indicate relationship:

- parent or guardian of minor child
- guardian or conservator of an incompetent individual
- beneficiary or personal representative of deceased individual
- other (specify)

Name of Individual: _____