



LOS ANGELES
LGBT
CENTER

Health Services
REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Name: _____ Birth date: _____

Please tell us what protected health information you want changed:

Please tell us why you want this change. You must give a reason:

We must tell you within 60 days if we will change your protected health information as you requested, or tell you that we need more time (up to 30 extra days) to decide. Tell us where to send you a letter:

Give a phone number so we can call you: _____

If we decide to change the health information as you requested, we will send the change to any person who received the information before it was changed. Tell us if there are any such persons who need the changed information:

- No. Initials: _____
- Yes. Please list the persons' names and addresses:

We will also send the amendment to other persons that we know received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm). Do you agree to this?

- No. Initials: _____
- Yes. Initials: _____

Continued on reverse

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INFORMATION**

Name:
PF #:



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We do not have to change your protected health information if:

1. We did not create the information, unless the person who created the information is unavailable to act on your request to change it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain:

2. The information is accurate and complete.
3. You do not have the legal right to access the protected health information you want changed.
4. The protected health information you want changed is not part of the designated record set. This includes your medical records, billing records and records containing your protected health information that are used by us to make decisions about you.

Signature of client or client's representative

Date

Printed name client's representative

Relationship to the client

After completing this form, please mail it to:
Privacy Office, Jeffrey Goodman Special Care Clinic, 1625 Schrader Blvd., Los Angeles, CA 90028

Name:

PF #: