

AMENDMENT REQUEST FORM

Name

Date of Birth

Date

Please tell us what health information you want to change:

Please tell us why you want this change: (You must provide a reason)

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

Name

Address

City

State

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 amended information:

- No.
 Yes. Please List the person(s) name(s) and address(es):

Name

Address

City

State

Name

Address

City

State

Name

Address

City

State

We will also send the amendments to other person(s) 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.
 Yes.

We do not have to change your health information if:

1. You did not provide us a reason to support why you want the change requested.
2. 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.

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

For more information about your privacy rights, see the "Notice of Privacy Practices." Copies can also be picked up at any of our health programs or by sending a request to the County Privacy Officer at the address below.

If you believe your privacy rights have been violated you may file a complaint with the Napa County Privacy Officer or the Secretary of the Department of Health & Human Services. To file a complaint with the County Privacy Officer please call (707) 259-8349 or address a written complaint to P.O. Box 6794, Napa, CA 94581.

You will not be penalized for filing a complaint.

Signature of client or representative: _____

If representative, give relationship: _____

When you have completed this form you may deliver it to the program from which you receive services or mail it to the County Privacy Officer at P.O. Box 6794, Napa, CA 94581.