



## Request for Correction/Amendment of Health Information

You have the right to request an amendment to your protected health information. If you would like to request an amendment to your protected health information, please complete the form below and hand it to the Privacy Officer.

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Patient Number: \_\_\_\_\_ Date of amendment request: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Please explain how the entry is incorrect or incomplete. What should the entry say to be more accurate or complete?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like this amendment sent to anyone to whom we may have disclosed the information in the past? If so, please specify the name and address of the organization(s) or individual(s).

Name/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If you have additional names, please attach an additional sheet to this page.

I understand that by listing the name(s) and address(es) of other organizations on the amendment form, I am asking Utah Digestive Health institute to disclose the requested amendment to these organizations. I therefore give specific permission to

Utah Digestive Health Institute to disclose the amendment to these organizations, and I understand that Utah Digestive Health Institute will take reasonable steps to send the requested amendment to these organizations.

In addition, I understand Utah Digestive Health Institute may be required to send this amendment to Business Associates or other organizations that Utah Digestive Health Institute identifies as needing the amendment. I therefore give specific permission to Utah Digestive Health Institute to send the requested amendment to these organizations identified by Utah Digestive Health Institute as needing the amendment.

I further understand that it is my responsibility to identify any originator(s) of my protected health information who may be no longer available to act on this amendment request, and present to Utah Digestive Health Institute evidence that I have attempted to contact the originator(s). If I cannot present evidence of my attempts, Utah Digestive Health Institute may deny the amendment request.

By signing below, I fully acknowledge and agree to the above terms.

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Signature

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Date