AMENDMENT REQUEST

Purpose: This form is used for an individual's request to amend protected health information or records in our designated record sets or the designated record sets of our business associates.

You have the right to request that we amend your protected health information in designated record sets we or our business associates maintain. We may decline your request if the information is (1) not part of these designated record sets, (2) we did not create the information, (3) we believe the information is complete and accurate, or (4) the information is psychotherapy notes; compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding; or not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a).

SECTION A: Individual requesting amendment of protected health information.

Name: _____

Address: _____

Telephone: _____ Identification Number: _____

SECTION B: To the individual—Please read the following and complete the information requested.

Please specify the records you wish to amend and the amendments you wish to make: _____

_____

_____

Please state the reasons for the amendments: _____

_____

_____

Please list the name and address of each person you want us to notify of the amendment if we agree to make the amendment you request. You must provide us with a signed authorization for us to notify these persons. We can supply you with the appropriate authorization form.

_____ _____

_____ _____

_____ _____

INDIVIDUAL'S SIGNATURE.

_____ Date: _____

If this request is by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST.
PLEASE RETURN THIS FORM TO:
Planned Administrators, Inc.
PO Box 6927
Columbia, SC 29260
Attention: Privacy Official