



## REQUEST TO CORRECT OR AMEND RECORD

I \_\_\_\_\_ request \_\_\_\_\_, the Larimer County designated health care component, to amend my protected health information in its designated record set.

Specific Statement of Amendment Request:  
(Attach additional information, if needed)

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Specific Reason for Amendment Request:  
(Attach additional information, if needed)

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I understand that if the protected health information was not created by the Larimer County designated health care component, it is not required to honor my request. For example, if the information I wish to amend is in a medical report created by my physician, I must ask the physician, not the Larimer County designated health care component, to amend the report. I also understand that if the information is not available for my inspection, is not part of the designated record set or is already accurate and complete, I cannot amend the information.

I understand that the Larimer County designated health care component will respond to my request within 60 days.

Signature \_\_\_\_\_ Date \_\_\_\_\_