



Treatment Foster Care
and Family-Based Services

2324 University Avenue West #120
St. Paul, MN 55114-1843
651-646-3221
Fax 651-641-0452

REQUEST TO AMEND / CORRECT PROTECTED HEALTH INFORMATION

Request:

Request for amendment or corrections of protected health information should be made by submitting this form to the address indicated below.

Information:

Consumer Name: _____

Date of Birth: _____

Street Address: _____

City / State / Zip: _____

Telephone Number: (_____) _____ E-mail Address: _____

Describe, in detail, information to be amended or corrected:

Describe, in detail, the reason for the above amendment or correction:

Signature:

I understand that if the protected health information was not created by PATH, Inc., PATH, Inc. 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 PATH, Inc. - to amend the report. I also understand that if the information is not available for my inspection, is not part of PATH, Inc. designated record set or is accurate and complete, I cannot amend the information.

I understand that PATH, Inc. will respond to my request within 60 days.

Signature: _____ Date: _____

If signed by the consumer's representative, explain authority to act on behalf of the consumer:

Please mail this completed form to the address listed below:

PATH, Inc. Privacy Office, 2324 University Avenue West, Suite 120, St. Paul, MN 55114-1843