

APPENDIX II

FORM 8

REQUEST FORM, AMENDMENT OF AN INDIVIDUAL'S PHI RECORDS

CLAY COUNTY
REQUEST FORM

AMENDMENT OF AN INDIVIDUAL'S PHI RECORDS

Individual's Name _____

Agency/Department _____

Description of Requested Amendment of PHI Records:

I hereby acknowledge that I have the legal authority to request amendment of records from the client record of _____ because I am the:

- Individual
- Parent if client is a minor
- Court-appointed legal guardian
- Power of Attorney (financial and/or medical)
please circle
- Other _____
e.g., Executor of Estate, etc.

Please amend my PHI as described above and include amendment in my files.

Signature _____ Date _____
Printed Name _____

Client/Legal Representative Signature _____
Date _____ Printed Name _____

Employee Verifying Legal Authority to Request Amendment of PHI Records:

Signature _____ Date _____
Printed Name _____

Note: *Send copy to the Privacy Officer*