

ATTN: COMPLIANCE DEPARTMENT

2450 HOLCOMBE BLVD. STE. 0.104 GRAND BLVD. RECEIVING DOCK HOUSTON, TX 77021-2024 PHONE 1.800.411.4363 FAX

1.800.434.9850

## Patient Request for Amendment Form

45 CFR §164.526

Patients or their personal representatives can complete this form to request an amendment to their information in Baylor Genetics' designated record set. Please submit the completed form to the address or fax number above.

PATIENT INFORMATION			
/ /			
Request Date (MM/DD/YYYYY)	Patient's Full Name		
/ /			
Birth Date (MM/DD/YYYY)	Phone Number		Fax Number
Address			City
State	Zip Email Ad	d dwaap	
PATIENT REQUEST FOR AMENDMENT OF II	NFURMATION		
/	mandad		
Explain how the information is incorrect or i		if necessary)	
		<u> </u>	
DISCLOSURE OF AMENDMENT TO OTHERS			
If Baylor Genetics agrees to your request, plea	se identify any persons or entities	you would like the amendme	ent sent to (add additional paper if necessary):
Printed Name		Address	
Printed Name		Address	
SIGNATURES			
	//		//
Patient's Signature	Date Signed (MM/DD/YYYY)	Patient's Personal Represen	ntative** Signature Date Signed (MM/DD/YYYY)
Personal Representative's Printed Name		Relationship to Patient	
**Attach documents demonstrating your authority to act on behalf of the patient if you are not the parent. (e.g., A valid power of attorney letter, court order; guardianship papers).			
	STOP – DO NOT ENTER AN	NYTHING AFTER THIS LINE	
	FOR BAYLOR GEI	NETICS USE ONLY	
Date Received by Compliance Who Processed	d Request		Comments
	·		
Accepted An amendment will be more persons listed above.	ade to the appropriate information a	and provided to the	
O Denied Reason for denial is spec	ified below		
BG did not create the information	The information is	accurate and complete	
BG did not create the information  The information is accurate and complete  The information is not available for		/ /	
designated record set inspection as required by federal law			Date Response Sent to Individual/Patient (MM/DD/YYYY)