

ATTN: COMPLIANCE DEPARTMENT

2450 HOLCOMBE BLVD. SUITE 2210

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/YYYY)	Patient's Full Name			
//				
Birth Date (MM/DD/YYYY)	Phone Number		Fax Number	
Address			City	
Address			Oily	
State	Zip Email Ac	ddress		
PATIENT REQUEST FOR AMENDMENT OF I	NFORMATION			
Date(s) of service associated with information to be an	nended			
Explain how the information is incorrect or	incomplete (Use additional paper	if necessary)		
DISCLOSURE OF AMENDMENT TO OTHERS				
If Baylor Genetics agrees to your request, plea	ise identify any persons or entities	you would like the amendr	ment sent to (add additional	paper if necessary):
Printed Name		Address		
Timee Name		Addiess		
Printed Name		Address		
SIGNATURES				
	1 1			/ /
Patient's Signature	Date Signed (MM/DD/YYYY)	Patient's Personal Repres	sentative** Signature	Date Signed (MM/DD/YYYY)
Personal Representative's Printed Name Relationship to Patient				
**Attach documents demonstrating your authority to act on beha				
	•••••	NYTHING AFTER THIS LINE NETICS USE ONLY	<u>-</u>	
1 1			Comments	
Date Received by Compliance Who Processe	d Request			
Accepted An amendment will be m persons listed above.	nade to the appropriate information a	and provided to the		
Oenied Reason for denial is spec	cified below			
BG did not create the information	The information is	accurate and complete		
	he information is not part of the patient's The information is not available for		/	
designated record set inspection as required by federal law		Date Response Sent to Inc	dividual/Patient (MM/DD/YYYY)	