

PATIENT REQUEST FOR AMENDMENT FORM

45 CFR §164.526

This form allows patients or their personal representatives to request an amendment to their designated record set. Please submit the completed form to the address below or compliance@baylorgenetics.com.

Attn: Baylor Genetics Compliance
 2450 Holcombe Blvd.
 Suite 2210
 Houston, TX 77021

PATIENT INFORMATION

____ / ____ / ____ Requested Date (MM/DD/YYYY)	Patient's Full Name		
____ / ____ / ____ Birth Date (MM/DD/YYYY)	Phone Number	Fax Number	
Address	City	State	Zip
Email Address			

REQUEST FOR AMENDMENT OF INFORMATION

____ / ____ / ____
 Date(s) of service associated with PHI/information to be restricted

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, please identify any persons or entities you would like the amendment sent to (send additional documentation if necessary).

Printed Name	Address	City	State	Zip
Printed Name	Address	City	State	Zip

SIGNATURES

Patient's Signature	____ / ____ / ____ Date Signed (MM/DD/YYYY)	Patient's Personal Representative* Signature	____ / ____ / ____ Date Signed (MM/DD/YYYY)
Printed Name	Relationship to Patient		

FOR INTERNAL USE ONLY

____ / ____ / ____ Date Received by Compliance	Request Processed by	Comments <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<input type="radio"/> Accepted An amendment will be made to the appropriate information and provided to the person(s) listed in Disclosure of Amendment to Others		____ / ____ / ____ Date Response Sent to Individual/Patient (MM/DD/YYYY)
<input type="radio"/> Denied Reason for denial is specified below		
<input type="checkbox"/> Baylor Genetics did not create the information.	<input type="checkbox"/> The information is accurate and complete.	
<input type="checkbox"/> The information is not part of the patient's designated record set.		<input type="checkbox"/> The information is not available for inspection as required by federal law.

**Attach documentation demonstrating authority to act on behalf of the patient, if applicable (e.g., a valid power of attorney letter, court order, guardianship papers, etc.).*