



Use this form to request an amendment of protected health information (PHI) in records that we, or our business associates, maintain in designated record sets.

Please complete the following:

NAME		DAYTIME PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	CONTRACT NUMBER		

Please read and complete the following:

You have the right to request that we amend your PHI in the designated record set that we, or our business associates, maintain. We may decline your request if we did not create the records; the records are not part of our designated record set; the law does not give you the right to access the records; or the records are complete and accurate.

To exercise your right, please specify which records you want to amend, and the amendments you want made to them:

Please specify the reasons for the requested amendments.

Please sign and date:

Signature: _____ Date: _____

*If you are not the patient, please sign and write today's date below, then check the box that describes your relationship to the patient. If you are not the parent of the patient, please attach proof of your relationship to the patient. **NOTE: An authorization is required if you are not the personal representative.***

Print Name of Personal Representative: _____

Signature of Personal Representative: _____ Date: _____

Parent Legal Guardian Power of Attorney Executor Other _____

Please return this form to the Family Health Center where you receive your care:

Family Health Center – Creyts Road 1401 S. Creyts Road Lansing, MI 48917	Family Health Center – Lake Lansing 1525 W. Lake Lansing Road East Lansing, MI 48823	Former patients of Fashion Square, Essexville, and Midland Family Health Centers return forms to: Family Health Center – Creyts Road 1401 S. Creyts Road Lansing, MI 48917
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