Request for Amendment to Protected Health Information

Requests to amend Protected Health Information must be made in writing and include the reason(s) to support the requested amendment. While you have a right to request that Advocare amend your health information in your Advocare health care records, certain exceptions apply and your request may be denied for the following reasons including but not limited to: if the health information is accurate and complete, if it was not created by Advocare, if it is not part of the Designated Record Set.

If your request is denied, you will be informed in writing by Advocare of the reason for the denial and what you should do if you disagree with the denial.

1. **Patient Identification**
   Patient Name: _____ DOB: _____
   Street Address: _____ City: _____
   State: _____ Zip: _____ Telephone No: _____

2. **Request Details**
   I hereby request that Advocare amend my health information specifically as described below (include additional pages as necessary):
   I. Describe the specific information to be amended: (i.e. Office Visit Note, Result)

   II. List the date(s) of service to be amended: (i.e. date of the office visit)

   III. Describe how the entry is incorrect or incomplete:

   IV. What should the entry state to be more accurate or complete? (Please be as specific as possible)

If you are aware of any other person(s)/entity that may have a copy of the medical record you seek to have amended, please list the name(s) and addresses of the organizations or individuals:

If you agree, Advocare will make a reasonable effort to provide the amendment to other persons who may have received the record and who may have relied on the record in question.

I agree to allow Advocare to release any amended information to individuals or entities as described above. Please select: _____ Yes _____ No

Signature of Patient or Legal Representative: _____

Print Name: _____ Date: _____

If signed by Legal Representative, state relationship to patient: _____

3. Please mail the completed form to:

Advocare, LLC
Attn: Compliance/Privacy
401 Route 73 North
Building 10, Suite 320
Marlton, NJ 08053