

The University of Iowa
Privacy Rule
Request to Amend Health Care Records

I wish to request that The University of Iowa correct or complete my medical and/or health care information in its records as follows:

A. Describe what information is incomplete or incorrect and what you believe should be changed. State what information you believe should be added and/or deleted: _____

B. Describe the reason that supports your request. Attach copies of documents that support your request, if applicable: _____

The University may deny your request for an amendment if it is not in writing or it does not include a reason to support the request. In addition, the University may deny your request to amend information that 1) was not created by the University of Iowa clinic or health care unit; 2) is not part of the record maintained by the University of Iowa and its health care units.

Signature

Address

Date

Clinic

Please give this form to the clinic administrator or send it to the HIPAA Privacy Officer, 320 CMAB, The University of Iowa, Iowa City, Iowa 52242