

Allegheny County Department of Human Services One Smithfield Street Pittsburgh, PA 15222 1-800-862-6783 412-350-5891 (fax)

## **Health Information Amendment Form**

## **Request for Amendment of Health Information**

Client's name:	Birth date:
Client ID number (if known):	
Date of entry to be amended (if known):	
Type of entry to be amended (if known):	
Please explain how the entry is inaccurate of more accurate or complete?	or incomplete. What should the entry say to be
Would you like this amendment sent to any information in the past? If so, please speci individual.	yone to whom we may have disclosed the fy the name and address of the organization or
Signature of individual or personal represe	ntative
Name:	Date:

Amendment has been: ☐ Accepted ☐ Denied		
anization.	☐ Record is not part of designated record set	
	☐ Record is accurate an	
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he departmen	t with any concerns or qu	uestions
	Title	
	Amendment hanization.  idual aw  nation is denied to exceed 60  sees.  sees.  the department and the departm	Amendment has been:   Accepted  Accepted  Accepted  Record is not part of designated record set idual  Record is accurate an aw  Accepted  Record is not part of designated record set idual  Record is accurate an aw  Accepted  Record is not part of designated record set idual  Record is accurate an aw  Accepted  Acc