

Data Integrity Department
11000 E. 45th Avenue, Denver, CO 80239-3004



Phone: 303-404-4800
Fax: 303-404-4850

REQUEST FOR AN AMENDMENT OF PROTECTED HEALTH INFORMATION

Instructions: Patients must submit a request in writing for an amendment to protected health information. Kaiser Permanente is allowed 60 days to respond to this request. (Send form to Health Records.)

Kaiser ID Number _____ Today's date: ____ / ____ / ____

Patient's Last Name: _____ First Name: _____

Patient's DOB : ____ / ____ / ____ Phone number _____

Patient's address:

Street _____

City _____ State _____ Zip code _____

Reason for amendment:

Signature of Patient or Authorized Personal Representative

Date

Personal Representative's Name (print) and Relationship
(Please attach applicable legal documentation of authority)

Date

Verification of Photo ID _____

Verified By _____