ILENE SHAPIRO
COUNTY EXECUTIVE

Department of Human Resources, Division of Employee Benefits
COUNTY OF SUMMIT
1180 S. MAIN STREET, ROOM #378
AKRON, OHIO 44301
330.643.8763 ◆ FAX: 330.643.8625

AMENDMENT FORM

ID NUMBER

THIS IS A CONFIDENTIAL INTERNAL DOCUMENT

The Plan is not required to delete information contained in the enrollee's record. Please complete the following:

ENROLLEE'S NAME	DATE
ADDRESS *STREET* *CITY/TOWN* *STATE*	ZIP CODE
DATE OF BIRTH	

Please describe the information you want amended:

_____
_____
_____
_____
_____

Date(s) of information you want amended (e.g., date of office/clinic visit, treatment, or other health care services)

_____
_____
_____
_____
_____

State your reason for making this request?

_____
_____
_____
_____
_____

Describe how the entry is incorrect, incomplete, or outdated?

_____
_____
_____
_____
_____

What should the entry say to be more accurate or complete?

REQUESTEE *PRINT*	
REQUESTEE SIGNATURE	DATE *(YEAR/MONTH/DAY)*
RELATIONSHIP TO THE ENROLLEE	

_____
_____
_____
_____

Do you know of anyone who may have received or relied on the information in question such as your doctor, pharmacist, health plan, or other health care provider? Yes No
If yes, please specify the name(s) and address(es) of the organization(s) or individual(s)

_____
_____
_____
_____

If your request for amendment is granted, do you give us permission to contact the persons identified above so that they may amend the information also? YesNo

****

FOR COUNTY USE ONLY

Amendment has been: □ Accepted □ Denied

If denied, check the reason(s) for denial:

- □ the health information was not created by this organization.
- □ the health information is not part of the enrollee ’s record.
- □ the law forbids making the health information in question available for inspection (e.g., psychotherapy notes).
- □ the health information is accurate and complete.

Comments:

PRIVACY OFFICER’S SIGNATURE	DATE *(YEAR/MONTH/DAY)*

PRIVACY OFFICER:
Attach this form to the portion of the record being amended and provide a copy to the Enrollee.