

F-1002 HIPAA – Correction/Amendment Request

PATIENT INFORMATION

|                                           |               |
|-------------------------------------------|---------------|
|                                           | Date          |
| Name (Last, First, Middle initial)        | Date of Birth |
| Street address, City, ST, ZIP Code        | Email address |
| Primary phone number   Other phone number | Fax number    |

Items Involved (Select all that apply).

- ☐ Electronic Medical Record
- ☐ Financial Information
- ☐ Nutrition Assessments
- ☐ Individual Care Plans
- ☐ FMS Assessments
- ☐ Accounting of Disclosures

Please describe the correction/amendment requested **in detail** and include reasons and/or evidence for the change.

Please indicate an acceptable method of contact (Select all that apply).

By selecting this method of contact, I am giving Plan2Peak, Inc. my consent to contact me by the indicated means when the decision and/or update regarding the Health Record is available.

- ☐ Mailing Address (as listed above)
- ☐ Primary Phone (as listed above)
- ☐ Email (as listed above)
- ☐ Other Phone (as listed above)

Do you authorize Plan2Peak, Inc. to leave a phone message?

- ☐ Yes
- ☐ No

Please list Plan2Peak, Inc. staff member that was contacted regarding this matter:

|                                                                                                                                                              |              |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| Name of Plan2Peak, Inc.                                                                                                                                      | staff member | Date |
| Patient (or legal health representative) Signature                                                                                                           |              | Date |
| Depending on the request, Plan2Peak, Inc. may require up to 30 days to review and/or complete the request and will contact you when information is available |              |      |
| (Attach additional documentation, if applicable.)                                                                                                            |              |      |

**For Administrative Use Only:**

Action taken

Date

Action taken

Date

HIPAA Compliance Officer Signature

Date