

Division of Services for People with Disabilities  
**Request for Amendment of Health Records**

Mail, fax, or email to:  
DSPD Records Compliance Officer  
195 North 1950 West  
Salt Lake City, Utah 84116  
[dspddocuments@utah.gov](mailto:dspddocuments@utah.gov)  
Fax: 801-538-4279

Per the Health Insurance Portability and Accountability Act (HIPAA), you have the right to make requests on your Personal Health Information. You may request that amendments be made to your health information. There are limitations regarding what information can be amended, DSPD will review your request and respond to you in writing within 60 days of receiving your completed request. Please fill out this form, have it notarized, and then submit it to the DSPD records compliance officer.

Today's Date: / /	First Name:	Last Name:
Street Address:		
City:	State:	Zip Code:
Home Phone: ( ) -	Work Phone: ( ) -	
Fax (if available): ( ) -	Email Address (if available):	

**Are you completing this request form on behalf of someone else? (check one)**

Yes    No

**If Yes, what is the person's name and your relationship to that person?**

First Name:	Last Name:	Your Relationship:
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Please be specific and describe in detail what records you would like DSPD to amend.

**You must attach a copy of all supporting documentation to this request form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insert Notary here:

## Request for Amendment of Health Records

### For Internal Use Only:

Date Request Received: / /	Date records were amended: / /
Has the request been approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If <u>Yes</u> , describe how the request will be met, what information will be restricted and to who:	
If <u>No</u> , describe why the request has been declined:	
Additional comments by HIPAA Compliance Officer ( <i>if applicable</i> ):	

\_\_\_\_\_  
HIPAA Compliance Officer      Date