Cornell University

Cornell Health

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Request to Amend Protected Health Information

The Health Insurance Portability and Accountability Act ("HIPAA") gives you the right to ask for an amendment to your health record if you feel that an entry is incorrect or incomplete. This right only applies to factual statements in the record and not to a provider's observations, inferences, or conclusions. There are times when Cornell Health may not allow your record to be changed. In those cases, you may request that we add a statement of disagreement prepared by you. This statement must be 150 words or less.

To ask for an amendment, please complete the form below and send to:
Privacy Officer, Cornell Health, 110 Ho Plaza, Ithaca, NY 14853-3101

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1. **Patient/client information** (*print clearly*):

   Name _____ Date of birth (*mm/dd/yyyy*) _____

   Email address _____ Phone number _____

   Mailing address _____

2. **Describe how the entry is incorrect or incomplete. Please attach any documents you feel are needed to make the entry more accurate or complete.**

   _____

   _____

   _____

   _____

3. **Please give the name and address of organizations or individuals with whom you believe we may have shared this information in the past** (*if any*).

   _____

   _____

4. **Signature** _____ **Date** _____ **Time** _____
   patient/client or person authorized to sign *mm/dd/yyyy* *a.m. / p.m.*

   * If the consenting party is other than the patient/client, print name and relationship to patient/client:

   _____

CORNELL HEALTH USE ONLY Received: _____/_____/_____ Completed: _____/_____/_____ Initials: _____

Please send this request to Health Records when complete. This request must be maintained in the patient's health record.