REQUEST TO AMEND HEALTH INFORMATION

Mail To: Privacy Officer, Colorado Department of Health Care Policy and Financing 1570 Grant Street, Denver, CO 80203

*** Please include copy of your Medicaid ID card and Driver's License, or equivalents ***

The Health Insurance Portability and Accountability Act of 1996 requires that we protect the privacy of your protected health information. You have a right to request that the Department of Health Care Policy and Financing amend your protected health information contained in a designated record set, held by the Department. This request must be made in writing, and may be denied by the Department under certain circumstances. The Department must act on your request within 60 days, unless we provide you with notification in writing that an extension of up to 30 days is needed.

If the Department accepts your request, we must make the appropriate amendment to your Protected Health Information by identifying the records that are affected and appending the amendment to your record. We must inform you of the acceptance and notify all relevant persons or groups that may rely on the amended Protected Health Information.

If the Department denies your request, we must provide you with a written explanation of the basis for that denial. You may submit a written statement disagreeing with the denial, we may then prepare a written rebuttal to your disagreement, which we must provide to you. See the Department's Privacy Policy and Procedures on *Right to Request Amendment of Protected Health Information*, pursuant to 45 C.F.R. 164.526.

CONTACT INFORMATION

Name:	
	Date of birth:
Address:	
City, State, Zip:	
Signature:	Date:
If signing on behalf of another pers	son, please fill out the information below:
Name of Designated Personal Rep	presentative:
Relationship of Designated Person	al Representative:
	NDED: What protected health information in your designated record se be specific, or attach that portion of your record to this form.

AMENDED LANGUAGE: What amendment would and include the reason for your amendment reque	you like to add to your record? Please be specificest:
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FOR INTERNAL USE ONLY	
Date received:	Date reviewed:
Reviewed by:	Title:
Reviewer's comments and actions:	