

Renville County Public Health Services
Data Practices / HIPAA

Request for Amendment to Record

A. Requester Information

Name of Requester: _____ Date of Request: _____
Address: _____ Phone: _____

B. Description of Amendment Requested

C. Signature of Requester, Parent, Guardian: _____

Return to : Renville County Public Health Services 320/ 523-2570
 410 East DePue Ave, Rm 245 Fax: 320/ 523-3749
 Olivia, MN 56277

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For Internal Departmental Use

Action on Request

- Approved. Amendments made to record and person notified on: _____
- Denied—Basis for denial and explanation of patient rights sent on: _____

Request handled by: _____

Determination made by: _____