

**PURDUE UNIVERSITY
REQUEST OF AMENDMENT OF PROTECTED HEALTH INFORMATION
FROM AN ENTITY**

Purdue University has received a request for amendment of protected health information (attached) from the entity designated in section 1: on behalf of the individual or their representative designated in Section 2:. Purdue's Director of HIPAA Privacy Compliance has reviewed the request with appropriate staff as necessary and has modified the health records at Purdue University, which are affected by the amendment. The Director and staff have identified in Section 3: entities to whom Purdue has re-disclosed the amended information and who may have relied or could foreseeably rely on the information to the detriment of the individual. **Purdue University will expect the entity identified in Section 1: of this form to contact the entities listed in Section 3: to request the amendment of information as appropriate.**

Note: If you have any questions regarding the completion of this form or about the determination of action resulting from this request, please contact the Director HIPAA Privacy Compliance at the following address or phone:

Director HIPAA Privacy Compliance, Purdue University Health Center, Room B54,
601 Stadium Mall Drive, West Lafayette, IN 47907-2052, Phone: (765) 494-7113, FAX: (765) 496-1227

Section 1: Entity Forwarding Amendment Request (amendment request attached to this form):

Entity Name: _____ Date Request Received: _____

Contact Name: _____ Contact Phone #: _____

Contact Address: _____

Section 2: Individual Requesting Amendment:

Patient or Employee's Name: _____ Date of Birth: _____

Patient or Employee's Address: _____

Patient or Employee's I.D.#: _____ Phone #: _____

Exact wording of requested amendment:

Section 3: Amendment Status

The amendment to protected health information requested in Section 2 of this form has been applied to health records at Purdue University.

Director, HIPAA Privacy Compliance Date _____

Purdue University has re-disclosed the amended protected health information listed in Section 2: of this form to the entities below. **Purdue University will expect the entity identified in Section 1: of this form to contact the entities listed below to request the amendment of information as appropriate.**

Entity Name	Street Address	City	State	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____