EPCPH HIPAA Amendment Request Form

Mail to: EPCPH Privacy Officer
1675 Garden of the Gods Road, Suite 2044
Colorado Springs, CO 80907

The Health Insurance Portability and Accountability Act requires that El Paso County Public Health Department (EPCPH) protect the privacy of your protected health information. You have a right to complain, in writing, about situations in which you believe we, or other organizations that work for us, have not met our responsibility to safeguard your protected health information. EPCPH cannot take away your benefits or retaliate against you in any way because of this complaint. Please give us as much detail as you can so we can investigate this event and make sure we improve the way we protect the health information of all our clients. See the Department's Privacy Policy and Procedures on Right to Amend Own Protected Health Information, pursuant to 45 C.F.R. 164.526

Date: _____/_____/_____

Name: _____

State ID Number: _____ Signature: _____

Date of Birth: _____/_____/_____ Phone: _____

Address: _____

If using a designated personal representative, please fill out the following information:

Name of Designated Personal Representative: _____

Signature of Designated Personal Representative:
_____

Relationship of Designated Personal Representative:
_____

Details of Amendment request:
Please be as specific as possible with dates, times, and any specific policy, procedure, or action taken; include names and documentation, if any, of anyone at the El Paso County Department of Public Health with whom you have discussed your revision request with.

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FOR INTERNAL USE ONLY:
Date received: _____/_____/_____ Date reviewed: _____/_____/_____
Reviewed by: _____ Title: _____
Reviewer's comments and actions:
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