



Request—Amend PHI
Hillsborough County
Individual's Request for Confidential Communications
of Protected Health Information

Directions: This form is to be used whenever a person requests to amend protected health information from Hillsborough County. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison.

You have the right to request an amendment to any of your protected health information (PHI) maintained by Hillsborough County, for as long as it is maintained. Please read this page carefully and sign the amendment request to confirm that you understand its content.

I would like to receive communications of PHI as follows:

Date of Information: _____

Describe how you would like to amend this information: _____

Reason for amendment: _____

Hillsborough County will respond to your request to amend PHI within 60 days of receipt of your request. If you have any questions, please contact Hillsborough County's Privacy Office at (813) 276-2343.

If Hillsborough County grants your request to amend PHI, Hillsborough County must notify others who may also use the PHI that was amended. In order to do this, identify other persons or organizations that use this PHI:

Do you consent to have Hillsborough County provide the amended PHI information to the persons and organizations you provided above? [] Yes [] No

Identification of individual: _____

Original signature of individual or individual's Personal Representative: _____ Date signed: _____

Printed name of individual or individual's Personal Representative: _____

For internal use only:
Date Received: _____
Recipient: _____