

**WHITMAN COUNTY LEOFF I BOARD**  
**400 N Main Street, Colfax, WA 99111**  
**(509) 397-5246**  
**FAX (509) 397-2099**

**REQUEST FOR CORRECTED/AMENDED  
HEALTH INFORMATION**

Client Name: \_\_\_\_\_ Previous Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Record to Be Changed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Explanation of Why and How the Record Should be Changed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client or Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to client if signed on behalf of the client by parent, legal guardian, personal representative, etc.

Whitman County will review your request and respond within 10 days of its receipt. A copy of your request will be added to your record. Any changes to your record will be forwarded to individuals identified by you and/or anyone who received the information in the past and who needs to know about the change.

**This Page to be Completed by Whitman County**

**Date Received:** \_\_\_\_\_ **Change has been:** **Accepted**    **Denied**

The review of your request has been delayed. Your request will be processed by the following date: \_\_\_\_\_  
(not later than 21 days after the request date).

Your request has been denied for the following reasons (attach further information to back of this form if needed):

- The existing health information is accurate and complete.
- This request does not pertain to the patient's medical and financial records.
- Due to federal and state laws this health information is not available.
- The health information was not created by this organization.
- The record no longer exists or cannot be found.
- The record is not maintained by this organization.

Comments:

\_\_\_\_\_  
**Reviewed By**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Department